

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, July 18, 2014 at the hour of 8:45 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Butler called the meeting to order.

Present: Chairman Hon. Jerry Butler and Directors Ada Mary Gugenheim and Dorene P. Wiese, EdD (3)
Board Chairman David Carvalho (ex-officio) and Mr. Steven Scheer (non-Director Member)

Absent: Directors M. Hill Hammock and Jorge Ramirez (2)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management
John Cookinham – System Chief Financial Officer
Steven Glass – Executive Director of Managed Care
Randolph Johnston – System Associate General Counsel

Noreen Lanahan – Cook County Department of Public Health
Terry Mason, MD – Cook County Department of Public Health
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer

II. Public Speakers

Chairman Butler asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. Mr. George Blakemore Concerned Citizen

III. Action Items

A. Minutes of the Finance Committee Meeting, June 20, 2014

Director Gugenheim, seconded by Director Wiese, moved to accept the minutes of the Finance Committee Meeting of June 20, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, provided an overview of the requests presented for the Committee's consideration. The Committee reviewed and discussed the requests.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 1. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 2. THE MOTION CARRIED UNANIMOUSLY.

III. Action Items

B. Contracts and Procurement Items (continued)

During the discussion of request number 3, the following individuals from the Cook County Department of Public Health (CCDPH) presented additional information: Dr. Terry Mason, Chief Operating Officer, and Noreen Lanahan, Chief Financial Officer.

In response to a question from Director Gugenheim regarding whether the grant covers the cost of providing the services, Ms. Lanahan stated that the State identifies all of the public aid recipients that are in this group that are referred as high-risk patients from the hospital; because the State is the referral agency, they can estimate the number of cases they expect CCDPH to receive within the next year. CCDPH receives what is called a maximum allowable amount, which is based on the State's projection - that constitutes the contract. CCDPH reviews the number of cases every month, and estimates exactly how much money is needed for the budget. The maximum amount might be \$150,000 over what CCDPH expects to receive in cases, so they make that analysis, then put the budget together; every month CCDPH monitors the number of patients that are referred to them by the Illinois Department of Health and Human Services, in order to keep the budget managed. They only place on the budget the number of employees that they expect to be paid for – CCDPH has been pretty successful since the inception of the program with ensuring that they do not spend more money than what is received from the grant.

Board Chairman Carvalho noted that, for some of the grants received by the System and CCDPH, the cost of the program is greater than the grant, but in order to continue the program, the program is supplemented with County resources; this particular grant does not fall in that category.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 3. THE MOTION CARRIED UNANIMOUSLY.

During the discussion of request number 4, Dr. John Jay Shannon, Chief Executive Officer, presented additional information. In response to a question from Director Gugenheim regarding whether there will be a time in the future when the System will be less reliant on the vendor, Health Management Associates (HMA), for the provision of these interim staffing and transitional services, Dr. Shannon stated that it is difficult to predict the future; the administration will need to continue to figure out what complexities are going to come in the next phases of implementation, at both the state and federal levels of policy around reimbursement, particularly for the System's biggest population of paid patients, which are its Medicaid patients. However, there is a strategic intention to bring as much of this expertise in-house as possible, and to develop that expertise in-house. For services that would be required beyond this calendar year, the administration has the intention to do a Request for Proposals (RFP) for these types of services.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 4. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 5. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 6. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 7. THE MOTION CARRIED UNANIMOUSLY.

III. Action Items

B. Contracts and Procurement Items (continued)

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 8. THE MOTION CARRIED UNANIMOUSLY.

Ms. Besenhofer indicated that review of request number 9 by Contract Compliance has not yet been completed; she respectfully requested that the Committee conditionally approve this request, pending the completion of the review by Contract Compliance.

Director Gugenheim, seconded by Director Wiese, moved the conditional approval of request number 9, pending completion of review by Contract Compliance. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 10. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 11. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 12. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Items

A. Update on CountyCare Health Plan (Attachment #2)

Steven Glass, Executive Director of Managed Care, reviewed his presentation regarding the Update on the CountyCare Health Plan, which included information on the following subjects: Illinois and Mandatory Managed Care; CountyCare Health Plan; Third Party Administrator (TPA) Transition Update; Waiver-to-County Managed Care Community Network (MCCN); Medicaid Populations Served; Members and Member Months; Change in Per-Member Per-Month (PMPM) Impact; 1115 Waiver PMPM; County MCCN PMPM; and Variable PMPM Rates. The Committee reviewed and discussed the information.

The Committee discussed the subject of communications with CountyCare members and efforts to ensure that that there is not any confusion resulting from the transition to the new TPA. Mr. Glass stated that there is a requirement in the contract with the State that requires that communications to members be provided at a sixth-grade reading level. He stated that he has not heard much about confusion from the members; his hope is that the transition is pretty seamless for the member. Board Chairman Carvalho stated that perhaps this should be viewed this as an opportunity for primary education on the plan itself for the members.

Dr. Shannon stated that, overall, this is a complex story - it will become more complex as the year progresses. He added that, as the System starts to bring on these different populations, there will be a need for the administration to communicate the complexity, as well as manage it.

Director Wiese, seconded by Director Gugenheim, moved to receive and file the presentation regarding the Update on the CountyCare Plan. THE MOTION CARRIED UNANIMOUSLY.

V. Report from System Director of Supply Chain Management

A. Report of emergency purchases

There were no emergency purchases to report at this time.

VI. Report from Chief Financial Officer (Attachment #3)

A. Financial Reports through May 2014 (Attachment #4)

John Cookinham, System Chief Financial Officer, reviewed the information presented in his update on financial matters. The Committee reviewed and discussed the information.

Mr. Cookinham stated that the administration is attempting to lessen the complexity of the information presented; from this point forward, he will continue to provide the very detailed financial reports, but he will also produce a summary that will reduce the complexity of the reports and hopefully make them more understandable. He added that the administration will strive to provide a separate, high-level report on CountyCare each month.

During the discussion of the information provided regarding the cost for the provision of health care services, including mental health care services, at Cermak Health Services of Cook County, Director Gugenheim stated that the System is obligated by the Department of Justice's order to provide that care; she surmised that the County's appropriation for this purpose is not enough to cover the cost. Mr. Cookinham responded that, through this point in the year, that is what is being reported. Director Gugenheim stated that, from a financial standpoint, this really ties to the issue of trying to solve the question of what to do with mentally ill people who are picked up off the streets and end up in the jail system, as opposed to providing them access to some behavioral health management system. Dr. Shannon stated that they hope to be able to demonstrate that for those detainees that become CountyCare members, they would be the experimental group to see whether the costs to provide care could be reduced. He noted that the costs reflected in these materials are perhaps a conservative estimate of the cost to provide services to the detainees at Cermak; he added that the provision of those services is an unfunded mandate.

Director Gugenheim thanked Mr. Cookinham for his report, and asked that the minutes reflect that this was an excellent presentation that really helps to understand the overall picture.

Director Gugenheim, seconded by Director Wiese, moved to receive and file the Report from the Chief Financial Officer and the Financial Reports through May 2014.
THE MOTION CARRIED UNANIMOUSLY.

VII. Adjourn

As the agenda was exhausted, Chairman Butler declared the meeting ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Hon. Jerry Butler, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 18, 2014

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM III.B.

JULY 18, 2014 FINANCE COMMITTEE MEETING

CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal impact not to exceed:	Affiliate / System	Begins on Page #
Accept Grant Renewals					
1	Illinois Department of Human Services	Service - Supplemental Nutrition for Women, Infants and Children (WIC)	Grant renewal amount: \$3,016,161.00	CCDPH	2
2	Illinois Department of Human Services	Service - Supplemental Nutrition for Women, Infants and Children (WIC)	Grant renewal amount: \$272,579.00	ACHN	3
3	Illinois Department of Human Services	Service - Case Management for High-Risk Infants	Grant renewal amount: \$648,960.00	CCDPH	4
Amend and Increase Contract					
4	Health Management Associates (HMA)	Service - professional services	\$1,393,550.00	System, Managed Care	5
Extend and Increase Contracts					
5	Star Security and Detective Agency, Inc.	Service - security services	\$1,273,272.00	PHCC	7
6	Imperial Parking (US)	Service - parking management	\$380,781.00	PHCC, SHCC	8
7	Mary Sajdak	Service - professional consultation	\$117,600.00	Managed Care	9
Execute Contracts					
8	Abbott Laboratories	Product and Service - equipment, reagents and consumable controls	\$6,357,498.00	SHCC	10
9	Toshiba America Medical Systems, Inc.	Product and Service - Magnetic Resonance Imaging (MRI) System	\$1,766,039.00	SHCC	11
10	St. Jude Medical	Product - pacemakers and atrial septal defect (ASD) closures	\$695,000.00	SHCC	12
11	Board of Trustees, University of Illinois	Service - clinical pharmacists	\$478,607.01	SHCC	13
12	INOVA Diagnostics, Inc.	Product and Service - equipment, reagents and consumable controls	\$456,906.63	SHCC	14

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Terry Mason, MD, Chief Operating Officer, Cook County Department of Public Health (CCDPH)	
DATE: 06/25/2014		PRODUCT / SERVICE: Service –Supplemental Nutrition for Women, Infants, and Children (WIC)	
TYPE OF REQUEST: Grant Contract Renewal		VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, Illinois	
FISCAL IMPACT / ACCOUNT: *		GRANT FUNDED / RENEWAL AMOUNT: \$3,016,161.00	
CONTRACT PERIOD: 07/01/2014 thru 06/30/2015		CONTRACT NUMBER: FCSTQ00832	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

The previous grant contract with the Illinois Department of Human Services was for one (1) year in the amount of \$3,016,220.00. It was approved by the Cook County Health and Hospitals System Board on August 23, 2013.

NEW PROPOSAL JUSTIFICATION:

This grant provides funding for nutrition education and food vouchers to financially eligible pregnant women, postpartum women, and children through five (5) years of age. Components of the WIC Program in addition to nutrition education include monitoring prenatal/pediatric primary care visits, immunizations, lead screening, case management, and referrals. WIC services support critical components of the Patient Centered Medical Home (PCMH) and enrollment. This service is not mandated by the State of Illinois. The requested grant funded amount is \$3,016,161.00.

*The deferred liability for this agreement is \$1,363,375.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number FCSTQ00832 in an amount not to exceed \$3,016,161.00, as needed, from 07/01/2014 thru 06/30/2015.

CCHHS CBO: Anthony Rajkumar *AR 7/14/14*
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO: John Jay Shannon
John Jay Shannon, MD, Chief Executive Officer

APPROVED

JUL 25 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

1

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

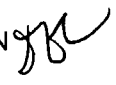
We Bring Health CARE to Your Community

Page 8 of 83

Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Debra D. Carey, Chief Operating Officer, ACHN Outpatient Services 	
DATE: 07/01/2014		PRODUCT / SERVICE: Service –Supplemental Nutrition for Women, Infants, and Children	
TYPE OF REQUEST: Grant Contract Renewal		VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, Illinois	
FISCAL IMPACT / ACCOUNT: *		GRANT FUNDED / RENEWAL AMOUNT: \$272,579.00	
CONTRACT PERIOD: 07/01/2014 thru 06/30/2015		CONTRACT NUMBER: FCSTQ00833	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

The previous grant contract with the Illinois Department Human Services was for one (1) year in the amount of \$272,614.00. It was approved by the Cook County Health and Hospitals System Board on August 23, 2013.

NEW PROPOSAL JUSTIFICATION:

This grant provides funding for nutrition education and food vouchers to financially eligible pregnant women, postpartum women, and children through age 5 years. Components of the WIC program in addition to nutrition education include monitoring prenatal/pediatric primary care visits, immunizations, lead screening, case management, and referrals. WIC services support critical components of the Patient Centered Medical Home and enrollment.

*The deferred liability for this agreement is \$122,456.00.

TERMS OF REQUEST:

This is a request to renew Grant Contract Number FCSTQ00833 in an amount not to exceed \$272,579.00, as needed, from 07/01/2014 thru 06/30/2015.

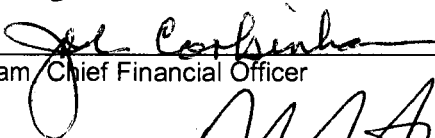
CCHHS CBO:

Anthony Rajkumar, Chief Business Officer



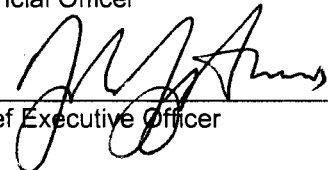
CCHHS CFO:

John Cookinham, Chief Financial Officer



CCHHS CEO:

John Jay Shannon, MD, Chief Executive Officer



APPROVED

JUL 25 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

2

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Terry Mason, MD, Chief Operating Officer, Cook County Department of Public Health (CCDPH)	
DATE: 06/24/2014		PRODUCT / SERVICE: Service –Case Management for High-Risk Infants	
TYPE OF REQUEST: Grant Contract Renewal		VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, Illinois	
FISCAL IMPACT / ACCOUNT: *		GRANT FUNDED / RENEWAL AMOUNT: \$648,960.00	
CONTRACT PERIOD: 07/01/2014 thru 06/30/2015		CONTRACT NUMBER: FCSTU03178	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

The previous grant contract with the Illinois Department of Human Services was for one (1) year in the amount of \$648,960.00. It was approved by the Cook County Health and Hospitals System Board on August 23, 2013.

NEW PROPOSAL JUSTIFICATION:

As a certified health department in the State of Illinois, the Cook County Department of Public Health (CCDPH) is mandated to provide case management services to high-risk infants identified through the Adverse Pregnancy Outcome Reporting System, and special needs children. CCDPH provides services for assessment of client needs, linkage with Medicaid and primary medical care, referral for assistance with identified social needs, and coordination of care. The goal of service is to reduce infant mortality and morbidity.

*The deferred liability for this agreement is \$225,368.00.

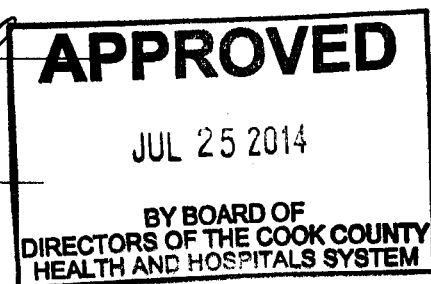
TERMS OF REQUEST:

This is a request to accept Grant Contract Number FCSTU03178 in an amount not to exceed \$648,960.00, as needed, from 07/01/2014 thru 06/30/2015.

CCHHS CBO: Anthony Rajkumar *ARB 7/14/14*
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO: John Jay Shannon
John Jay Shannon, MD, Chief Executive Officer



Request #
3

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Joy Wykowski, Director Intergovernmental Affairs		EXECUTIVE SPONSOR: Linda Diamond Shapiro, Chief Strategy Officer	
DATE: 07/02/2014		PRODUCT / SERVICE: Service: Professional Services	
TYPE OF REQUEST: Amend and Increase Contract		VENDOR / SUPPLIER: Health Management Associates (HMA), Chicago, IL	
ACCOUNT: 890-260		FISCAL IMPACT NOT TO EXCEED: \$ 1,393,550.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
ORIGINAL CONTRACT PERIOD: 01/01/2014 thru 12/31/2014		CONTRACT NUMBER: H07-45-307	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:

Health Management Associates (HMA) has provided CCHHS with specialized professional and technical consulting services related to Medicaid reimbursement for many years. The original one-year contract was entered into with HMA on 03/20/2007 in the amount of \$ 275,000 to provide consulting services focused on Medicaid cost reporting, reimbursement, and policy issues. The first through sixth amendments were to extend the contract through 11/30/2012 and increase the amount \$350,000.00 per year. The seventh amendment extended the contract to 11/30/2013 in the amount of \$509,250.00. The eighth amendment was increased the contract in the amount of \$550,820.00. The ninth amendment was extended the contract to 12/31/2013 in the amount of \$718,363.00. The tenth amendment increased the contract in the amount of \$125,000.00. The eleventh amendment extended the contract to 12/31/14 in the amount of \$796,080.00. The last three amendments added services related to the 1115 waiver and the expertise needed to build the infrastructure to prepare the organization to be able to participate in the demonstration project and transition to a County MCCN. Taking into account any prior amendments, the maximum amount payable under the contract after the last amendment was \$4,274,513.00.

NEW PROPOSAL JUSTIFICATION:

This request is to increase the amount of the current contract and to increase the scope to include specific resource needs. This request will increase the contract by \$1,393,550.00. HMA will provide the following services to support our integrated strategy:

- Component #1: Financial consulting services related to CountyCare, the DSH program and billing related issues with the State and HFS.
- Component #2: Advise and assist management regarding State and Federal policy issues
- Component #3: Provide interim management staffing and transitional assistance; advise and assist with assessments and recommendations to assure that CCHHS will be part of a comprehensive and sustainable network of care.

HMA is uniquely qualified to provide these services because of their in-depth knowledge of CCHHS; their expertise in government funded health care, and their knowledge and expertise of government funded managed care programs which have been demonstrated across the country in other government operated healthcare systems.

APPROVED

JUL 25 2014

Request #

4

BY BOARD OF

DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

• Ambulatory & Community Health Services • Common Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

DATE: 07/02/2014		PRODUCT / SERVICE: Service: Professional Services	
TYPE OF REQUEST: Amend and Increase Contract		VENDOR / SUPPLIER: Health Management Associates (HMA), Chicago, IL	
ACCOUNT: 890-260	FISCAL IMPACT NOT TO EXCEED: \$ 1,393,550.00	GRANT FUNDED / RENEWAL N/A	
ORIGINAL CONTRACT PERIOD: 01/01/2014 thru 12/31/2014		REVISED CONTRACT PERIOD: 07/01/2014 thru 12/31/2014	CONTRACT NUMBER: H07-45-307

TERMS OF REQUEST:

This is a request is to amend and increase contract number H07-45-307 in an amount not to exceed \$ 1,393,550.00 as needed, for the remainder of the contract period.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCHHS CBO: Anthony Rajkumar *AR 7/1/14*
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO: John Jay Shannon
John Jay Shannon, M.D., Chief Executive Officer

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: <i>Anthony Rajkumar</i> Anthony Rajkumar, Chief Business Officer	
DATE: 07/02/2014		PRODUCT / SERVICE: Service – Security Services	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Star Security and Detective Agency, Inc. Chicago, IL	
ACCOUNT: 891-260		FISCAL IMPACT NOT TO EXCEED: \$1,273,272.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 02/01/2014 thru 04/30/2015		CONTRACT NUMBER: H10-25-135	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFQ		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System (CCHHS) Board approved a contract with Digby's Detective and Security Agency, Inc. on 03/28/2013 in the amount of \$910,707.84 for security services for the Ambulatory Clinics and the Hoyne building to ensure the safety of the patients, visitors and staff. The contract was awarded for a period of 24 months from 05/01/2013 thru 04/30/2015.

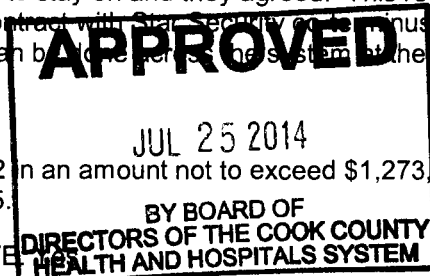
NEW PROPOSAL JUSTIFICATION:

The scope of work for Provident Hospital has been reviewed and revised. The scope of work has been reduced to be comparable with the current environment and will yield no negative impact to the safety of our patients and staff. A Request for Quotation was issued to our two incumbents. The results of the scope of services utilized for the RFQ which are more closely aligned with true requirements will result in savings of \$1,213,112.70. In keeping with our desire to standardize across all CCHHS facilities and based upon both responses received to our Request for Quotation proposal, we requested to amend and increase the current contract with Digby's Detective & Security Agency in the amount of \$1,592,307.30 for fifteen (15) months and to make the contract amendment coterminous with the original contract period. Subsequently, negotiations broke down with Digby and they withdrew from taking over the Security responsibilities at Provident Hospital. We requested Star Security to stay on and they agreed. This request is to correct the record and to request approval to extend and increase the contract with Star Security to be coterminous with the Digby contract for the ACHN clinics so that appropriate due diligence can be done for the system at the same time.

TERMS OF REQUEST:

This request is to amend extend and increase contract number H13-25-032 in an amount not to exceed \$1,273,272.00 as needed, for a fifteen (15) month period from 02/01/2014 thru 04/30/2015.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE



CCHHS CFO: *John Cookinham*
John Cookinham, Chief Financial Officer

CCHHS CEO: *John Jay Shannon*
John Jay Shannon, M.D., Chief Executive Officer

Request #
5

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: <i>Anthony Rajkumar</i> Anthony Rajkumar, Chief Business Officer	
DATE: 07/03/2014		PRODUCT / SERVICE: Service – Parking Management	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Imperial Parking (US), Chicago, IL	
ACCOUNT: FISCAL IMPACT NOT TO EXCEED:		GRANT AWARD / RENEWAL AMOUNT:	
897-660 Stroger Hospital \$294,090.00		N/A	
891-260 Provident Hospital \$86,691.00			
TOTAL \$380,781.00			
ORIGINAL CONTRACT PERIOD 02/06/2011 thru 06/30/2014		REVISED CONTRACT PERIOD 07/01/2014 thru 08/31/2014	CONTRACT NUMBER: H10-72-159
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: BID			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY:			

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System (CCHHS) Board of Directors approved contract number H10-72-159 on 12/17/2010 in the amount of \$5,969,032.00 for the period from 02/06/2011 thru 02/05/2014. The contract was awarded to provide management and operational services for the Stroger Hospital parking garage, the Ruth M. Rothstein CORE Center parking lot, and the parking lot leased from the Illinois Medical District. An Amendment was executed by the Department of Supply Chain Management to extend the contract in time only through 06/30/2014. An emergency purchase was presented and accepted by the CCHHS Board on 03/28/2014 for the addition of Parking Management Services for Provident Hospital for the period of 03/24/2014 thru 06/30/2014 in an amount not to exceed \$135,911.00. The Department of Supply Chain Management increased the dollars for the Stroger Hospital Campus by \$149,999.00 for the remainder of the contract period.

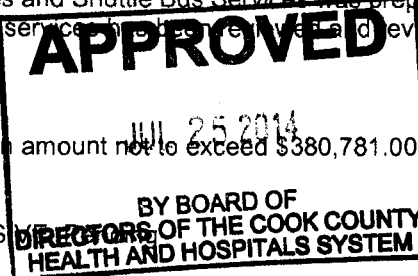
NEW PROPOSAL JUSTIFICATION:

This is a request to extend and increase the contract for parking management services for an additional two months. A Request for Proposal (RFP) inclusive of Parking Management Services and Shuttle Bus Services was prepared and posted with unacceptable or inadequate results. The RFP scope of service has been revised and it has been reposted for vendor participation.

TERMS OF REQUEST:

This request is to extend and increase contract number H10-72-159 in an amount not to exceed \$380,781.00 as needed, for two (2) months from 07/01/2014 thru 08/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE



CCHHS CFO:

John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO:

John Jay Shannon
John Jay Shannon, M.D., Chief Executive Officer

Request #

6


• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Steven Glass, Executive Director Managed Care 	
DATE: 07/03/2014		PRODUCT / SERVICE: Service: Professional Consultation	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Mary Sajdak, Chicago, IL	
ACCOUNT: 896-260		FISCAL IMPACT NOT TO EXCEED: \$117,600.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
ORIGINAL CONTRACT PERIOD: 12/01/2013 thru 03/31/2014		REVISED CONTRACT PERIOD: 04/01/2014 thru 11/30/2014	CONTRACT NUMBER: H13-25-0136
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:

A individual consultant contract was entered into with Ms. Mary Sajdak effective 12/01/2013 under the authority of the Chief Executive Officer of Cook County Health and Hospitals System in the amount not to exceed of \$145,000 for the time period of 12/01/2013 thru 03/31/2014. This contract was entered into for the services and deliverables to support the development of health system processes to support the transition of care, patient referrals, scheduling, and numerous other accesses to care initiatives to support our patients.

NEW PROPOSAL JUSTIFICATION:

As we continue to evaluate, refine, and respond to our patient needs as well as regulatory requirements, this request is to extend and increase the contract so that the migration to a new integrated care model is fully achieved. Operational improvements related to access to care as well as the development and measurements of performance metrics continue to be a priority. Improvement in the timeliness and effectiveness of internal and external primary care and specialty referrals continue to be a high focus area to better service our patients.

TERMS OF REQUEST:

This is a request to extend and increase contract number H13-25-0136 in an amount not to exceed \$117,600.00, as needed, for a period of eight (8) months from 04/01/2014 thru 11/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: 

Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 

John Cookinham, Chief Financial Officer

CCHHS CEO: 

John Jay Shannon, M.D., Chief Executive Officer

APPROVED

JUL 25 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

7

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Page 15 of 83

Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Joanne Marcichow-Dulski, Director Laboratory		EXECUTIVE SPONSOR: Peter Daniels, Chief Operating Officer, Hospital Based Services	
DATE: 07/02/2014	PRODUCT / SERVICE: Product and Service: Equipment, Reagents and Consumable Controls		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Abbott Laboratories, Des Plaines IL		
ACCOUNT 897-365	FISCAL IMPACT NOT TO EXCEED \$6,357,498.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 08/01/2014 thru 07/31/2017		CONTRACT NUMBER: H14-25-046	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: GPO			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY:			

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System (CCHHS) Board approved contract number H11-25-017 in the amount of \$2,712,300.66 on 03/31/2011 for thirty-six (36) months from 05/01/2011 thru 04/30/2014. The contract provides the Department of Pathology at Stroger Hospital the instrument, instrument maintenance, reagents, controls, and calibrators to perform HIV and HCV real time PCR testing. On 04/25/2014 the CCHHS Board approved an amendment to Extend and Increase the contract to 07/31/2014 in the amount of \$680,213.00.

NEW PROPOSAL JUSTIFICATION:

This request is to enter into a new contract to upgrade the current system used for various laboratory sets. This contract will continue to support the Department of Pathology at Stroger Hospital with the instruments, instrument maintenance, reagents, controls, and calibrators to perform HIV Quant, HCV Quant, Hepatitis B Quantitative (Hep B Quant), and Hepatitis C Genotype (Hep C Genotype). Hep B Quant and Hep C Genotype tests are currently sent out. They will now be done in-house with anticipated annual savings. This includes a projected increase of about 1,012% in HCV Quant testing. The greatest impact is baby boomers as per CDC recommendations, and is not a test that has been routinely done in the past.

TERMS OF REQUEST:

This is a request to execute contract number H14-25-046 in an amount not to exceed \$6,357,498.00, as needed, for a period of thirty-six (36) months from 08/01/2014 thru 07/31/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCHHS CBO: Anthony Rajkumar 7/9/14
 Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
 John Cookinham, Chief Financial Officer

CCHHS CEO: John Jay Shannon
 John Jay Shannon, M.D., Chief Executive Officer

APPROVED

JUL 25 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
8

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
 • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Mark Pisaneschi, M.D. Chairman, Department of Radiology		EXECUTIVE SPONSOR: Peter Daniels, Chief Operating Officer Hospital Based Services <i>WPD</i>	
DATE: 07/01/2014		PRODUCT / SERVICE: Product/Service: MRI System	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Toshiba America Medical Systems, Inc., Rolling Meadows, IL	
ACCOUNT: 717-897-540		FISCAL IMPACT NOT TO EXCEED: \$1,766,039.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: One-time Capital Purchase		CONTRACT NUMBER: H14-76-041	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

The original 1.5 Tesla Magnetic Resonance Imaging (MRI) system was purchased in 2003, when the new John H. Stroger, Jr. Hospital opened. The unit has exceeded the normal useful life of an imaging device.

NEW PROPOSAL JUSTIFICATION:

This request is to execute a contract with Toshiba to replace current MRI 1.5 Tesla unit at John H. Stroger, Jr. hospital in order to expand diagnostic capabilities for patient care. The new unit will have cardiac capabilities, new power injectors, and new phase sequencers. It will also include a Faraday Cage, which prevents radio-frequency (RF) leaks. This project is turnkey and will include procuring the MRI, the removal of the existing MRI as well as any room preparation that is required to install and test the new MRI in preparation for patient use.

TERMS OF REQUEST:

This is a request to execute a contract number H14-76-041 in an amount not to exceed \$1,766,039.00 as needed for a one time purchase of capital equipment.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCHHS CBO:

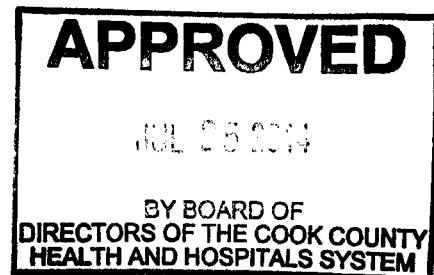
Anthony Rajkumar
Anthony Rajkumar, Chief Business Officer

CCHHS CFO:

John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO:

John Jay Shannon
John Jay Shannon, M.D., Chief Executive Officer



Request #

9

- Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
- John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Rami Doukky, M.D., Interim Chairman, Division of Cardiology		EXECUTIVE SPONSOR: Claudia M. Fegan, M.D., Chief Medical Officer, Stroger Hospital	
DATE: 07/01/2014		PRODUCT / SERVICE: Product: Pacemakers and ASD Closures	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: St. Jude Medical, St. Paul, MN	
ACCOUNT: 897-362		FISCAL IMPACT NOT TO EXCEED: \$695,000.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 09/01/2014 through 08/31/2017		CONTRACT NUMBER: H14-73-029	
X	COMPETITIVE SELECTION METHODOLOGY: GPO		
	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System (CCHHS) Board approved contract number H11-73-084 in the amount of \$600,000.00 on 08/26/2011 for thirty-six (36) months from 09/01/2011 thru 08/30/2014. The contract provided the Department of Cardiology, Cardio Rhythm Management Devices (pacemakers and leads) for Stroger Hospital. A separate hospital agreement for the Atrial Septal Defect Closures was entered into under the authority of the Chief Executive Officer.

NEW PROPOSAL JUSTIFICATION:

This request is to enter into a new contract for both pacemakers and Atrial Septal Defect Closures. The department has changed their clinical practice to improve the delivery of cardiac care to our patients, by utilizing this established minimally invasive technique to close a "hole in the heart". This device has been proven to be as safe and efficacious as heart surgery to correct the Atrial Septal Defect through randomized trials done in 1998 and with a ten (10) year follow-up done in 2002. The benefit to the patient is not having to undergo heart surgery and subsequently endure a hospital stay in addition to the recovery time associated with surgery. The patients are typically discharged the following day.

TERMS OF REQUEST:

This is a request to execute contract number H14-73-029 in an amount not to exceed \$695,000.00, as needed, for a period of thirty-six (36) months from 09/01/2014 through 08/31/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? ☒ Yes

CCHHS CBO: *Anthony Rajkumar* 7/10/14
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: *John Cookinham*
John Cookinham, Chief Financial Officer

CCHHS CEO: *John Jay Shannon*
John Jay Shannon, M.D., Chief Executive Officer



Request #
10

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: David N. Schwartz, M.D., Chairman, Division of Infectious Diseases, John H. Stroger Jr. Hospital		EXECUTIVE SPONSOR: Claudia M. Fegan, M.D., Executive Medical Director	
DATE: 06/25/2014		PRODUCT / SERVICE: Service: Clinical Pharmacists	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Board of Trustees, University of Illinois, Chicago IL	
ACCOUNT: 897-260		FISCAL IMPACT NOT TO EXCEED: \$478,607.01	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 09/01/2014 thru 08/31/2016		CONTRACT NUMBER: H14-25-039	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:
 Contract number H08-41-268 was approved by the Cook County Board on 05/07/08 in the amount of \$413,782.00 for twenty four (24) months from 07/01/2008 thru 06/30/2010. The Cook County Health and Hospitals System (CCHHS) Board of Directors approved a contract renewal on 05/27/2010 in the amount of \$436,000.00 for twenty four (24) months from 07/01/2010 thru 03/30/2012. As there was funding left on the contract, Supply Chain Management on 06/29/2012 approved an extension and increase from 07/01/2012 thru 08/31/2012 in the amount of \$36,333.34. Contract number H12-73-034 was approved by the CCHHS Board of Directors on 08/09/2012 in the amount of \$455,816.20 for a 24-month period from 09/01/2012 thru 08/31/2014.

NEW PROPOSAL JUSTIFICATION:
 The clinical pharmacists that bring expertise from UIC have specialized knowledge and skill sets in HIV care and appropriate choices for antibiotic utilization. As a part of their responsibilities they oversee fellows from UIC while doing clinical rotations so that they can teach them the appropriate treatments for infectious disease. They provide assistance to the Chair of the Anti-Infectives Committee and the Division of Infectious Diseases in overseeing and improving the use of anti-infective drugs throughout CCHHS. They contribute to our anti-infective and infection control strategies, as mandated by the Joint Commission, and CMS. They provide infectious diseases and HIV/AIDS clinical pharmacy services, consultation and support as well as required assistance to the Department of Pharmacy Services. The pharmacists assist with medication shortages, including the coordination of the distribution of influenza virus and other vaccines integral to its employee and public health programs. They also assist in the coordination of medications stockpiled with city, state and federal authorities for bioterrorism and pandemic preparedness.

TERMS OF REQUEST:
 This is a request to execute contract number H14-25-039 in an amount not to exceed \$478,607.01, as needed, for a period of twenty four (24) months from 09/01/2014 thru 08/31/2016.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: Anthony Rajkumar
 Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
 John Cookinham, Chief Financial Officer

CCHHS CEO: John Jay Shannon
 John Jay Shannon, M.D., Chief Executive Officer

APPROVED

JUL 25 2014

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
11

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
 • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Joanne Marcichow-Dulski, Director Laboratory		EXECUTIVE SPONSOR: Peter Daniels, Chief Operating Officer, Hospital Based Services	
DATE: 07/02/2014	PRODUCT / SERVICE: Equipment, Reagents, Consumable, and Controls		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: INOVA Diagnostics, Inc., San Diego, CA		
ACCOUNT 897-365	FISCAL IMPACT NOT TO EXCEED \$456,906.63	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 08/01/2014 thru 07/31/2017		CONTRACT NUMBER: H14-25-053	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:

On 06/24/2011 the Cook County Health and Hospitals System (CCHHS) Board approved contract number H10-73-134 for a thirty-six (36) month period from 06/24/2011 thru 06/23/2014 in the amount of \$203,508.00. The contract allowed Trinity Biotech to provide reagents and consumables for immunology tests on the Nexgen instrument. The reagents and consumables were only compatible with the existing instrument at that time.

NEW PROPOSAL JUSTIFICATION:

This request is to execute a new contract with INOVA to provide an instrument, instrument maintenance, reagents, controls, and calibrators to perform DNA and RNA immunoassays in the Department of Pathology at Stroger Hospital. The current vendor, Trinity Biotech has discontinued support of these types of tests. Additionally, the vendor will provide an instrument that has high throughput per batch of test volumes. Currently the practice is two batches, on two instruments at one time. The contract will allow the laboratory to bring in two send-out tests with a projected annual savings of \$44,685.00. This contract will combine two current contracts (Inova #H12-73-0013 and Trinity Biotech #H10-73-134).

TERMS OF REQUEST:

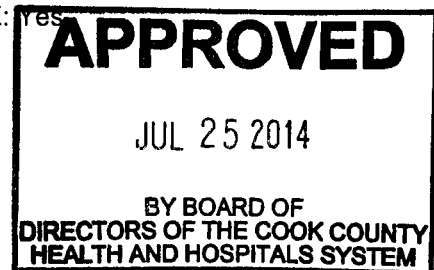
This is a request to execute contract number H14-25-053 in an amount not to exceed \$456,906.63, as needed, for a period of thirty-six (36) months from 08/01/2014 thru 07/31/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: ☒ Yes

CCHHS CBO: Anthony Rajkumar
 Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
 John Cookinham, Chief Financial Officer

CCHHS CEO: John Jay Shannon
 John Jay Shannon, M.D., Chief Executive Officer



Request #
12

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
 • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 18, 2014

ATTACHMENT #2



countycare

CountyCare Update

Prepared for: CCHHS BOD Finance Committee, 7/18/2014

Steven Glass, Executive Director of Managed Care
Cook County Health and Hospitals System

312.864.1147 sglass@cookcountyhhs.org

IL & Mandatory Managed Care

- Implementation of State law requires virtually 100% of Medicaid enrollees in Cook County to select a health plan.
- Medicaid beneficiaries in five regions across the State are moving into mandatory managed care.

- Established October 2012 under CMS 1115 Waiver to early enroll ACA-eligible adults into care
- Created as CCHHS department
 - Takes advantage of Medicaid expansion under ACA
 - Mitigates threat of mandatory Medicaid managed care implementation in Chicago
- Obtained health plan status July 1, 2014

TPA Transition Update

- Move to new 3rd Party Administrator (TPA) effective 7/1/2014
- Transition focus areas:
 - Updated member ID cards
 - Uninterrupted access to care
 - Payments to network providers
- Support for dates of service up to 6/30/2014 provided by old TPA; Primarily for payment of claims run-out

Waiver-to-County MCCN

Waiver	County MCCN
ACA Adults	All Medicaid Populations
Applications	Members & Member Months
Retro PMPM	Prospective PMPM
Single PMPM Rate	Variable PMPM Rate

Medicaid Populations Served

Population/ Set of Services	Definition	% FPL Income Eligibility	Est FY'15 Enroll- ment
Family Health Plans (FHP)	<ul style="list-style-type: none"> Traditional Medicaid beneficiaries. Typically babies, children and parents and caretaker relatives (TANF population). 	<ul style="list-style-type: none"> Kids: 318% Adults: 138% Pregnant Women: 213% 	40,000 - 60,000
Seniors & Persons with Disabilities (SPDs)/Integrated Care Program (ICP)	<ul style="list-style-type: none"> Persons age 65+ without Medicare Persons with disability determination, including children, without Medicare 	< 138% + assets	2,500 - 5,000
ACA Adults	<ul style="list-style-type: none"> Persons eligible for Medicaid expansion coverage as defined by the ACA 	< 138% FPL	70,000 - 90,000
SSI/Disabled Children (HP/SPD Subset)	<ul style="list-style-type: none"> Children with complex medical needs as set by state acuity index scores 		500
Home & Community-Based Waiver Services (HCBS)	<ul style="list-style-type: none"> Service Package 2 (SP2) of home and community-based services (HCBS) covered benefits provided through State waivers Requires determination of need 		6,000

Members & Member Months

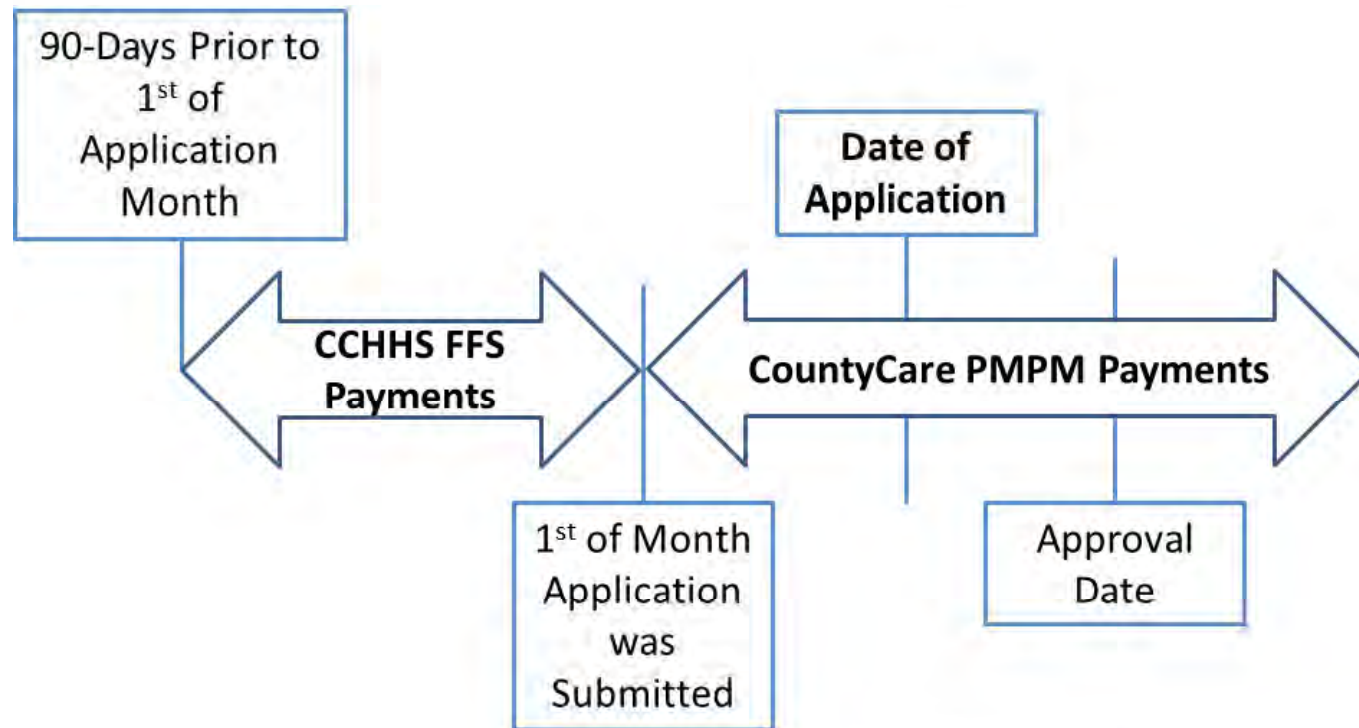
834 Month:	Apr'14 820	May'14 820	June'14 820	FY'13 Cum Mbr Mos	FY'14 Cum Mbr Mos
June'14			94,929		94,929
May'14		87,687	9,595		97,282
Apr'14	82,433	8,354	8,098		98,885
Mar'14	5,271	8,240	2,657		93,905
Feb'14	5,291	4,826	438		88,732
Jan'14	4,222	1,546	398		84,337
Dec'13	1,414	324	375		79,422
Nov'13	187	11	95	74,707	
Oct'13	(20)	(35)	(20)	70,451	
Sept'13	(36)	(38)	(19)	62,127	
Aug'13	(31)	(24)	(14)	53,915	
July'13	(28)	(21)	(9)	44,603	
Jun'13	(25)	(15)	(7)	34,721	
May'13	(19)	(6)	(5)	25,901	
Apr'13	(8)	(3)	(4)	16,211	
Mar'13	(3)	(1)	(4)	9,252	
Feb'13	0	(1)	(3)	3,866	
Jan'13	0	0	0	1,348	
Nov'12/Dec'12	0	0	0	214	
FY'13 Mo Total	17	(133)	10	397,316	
FY'14 Mo Total	98,631	110,977	116,490		637,492
820 Total	98,648	110,844	116,500		

Change in PMPM Impact

- Retrospective FFS specifically for new CountyCare enrollees eliminated
 - Remains available for any new Medicaid beneficiary served by CCHHS prior to coverage
- Retro reconciliation and financial assumptions based on pending applications eliminated
- Health Plan no longer at-risk for services provided between application filing and approval

1115 Waiver PMPM

1115 Waiver Retrospective PMPM



Case Example:

Application Date = 7/12/2014

Approval Date = 8/26/2014

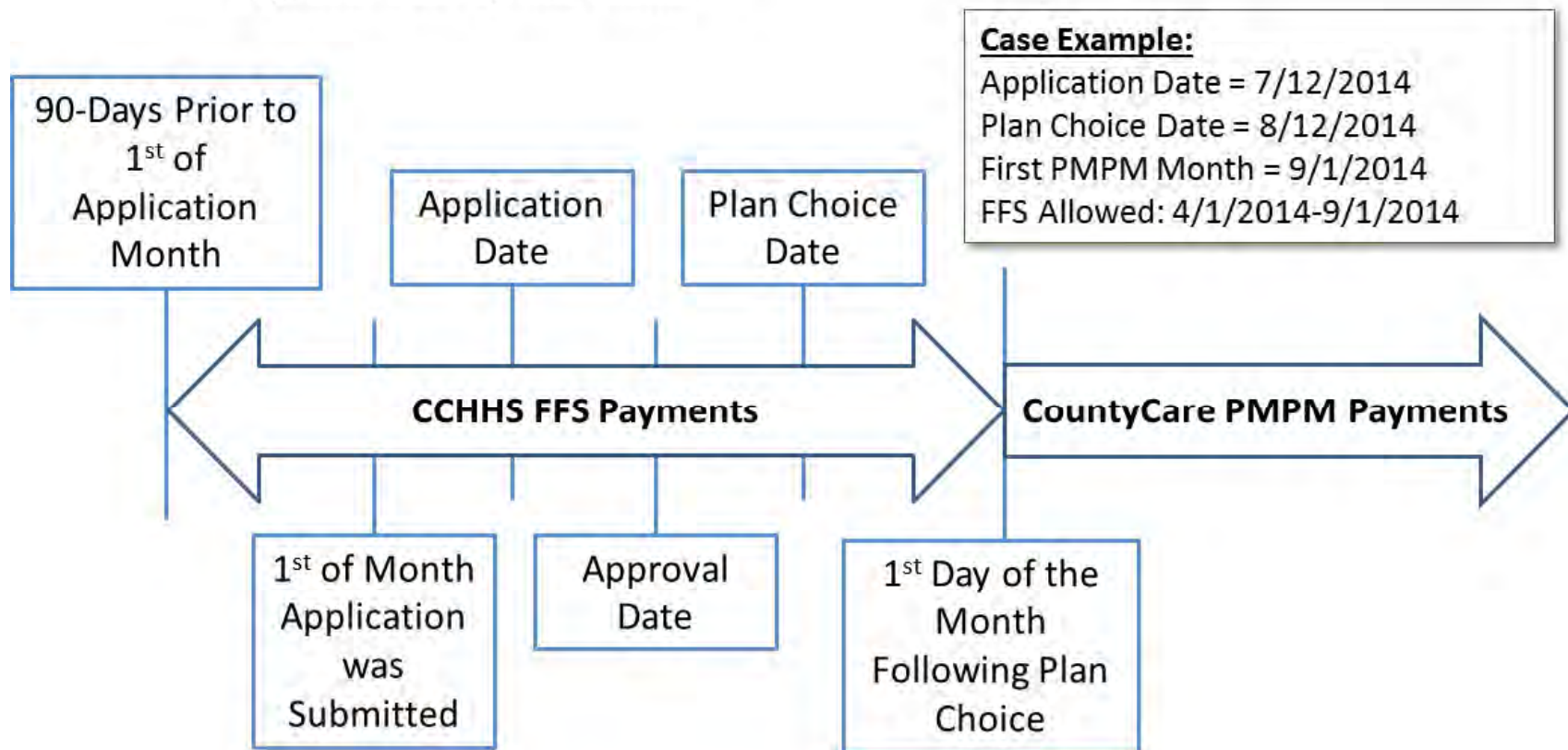
First PMPM Month = 7/1/2014

FFS Allowed: 4/1/2014-7/1/2014

County MCCN PMPM

County MCCN Prospective PMPM

Approval Date by mid-month



Effective Date of Enrollment. If an enrollment is entered by the ICEB and accepted by the Department's database prior to the applicable cut-off date, coverage shall begin as designated by the Department on the first day of the following calendar month. If the ICEB enters an enrollment after the applicable cut-off date, coverage shall begin no later than the first day of the second calendar month following the date the enrollment is accepted by the Department's database.

Variable PMPM Rates

Eligibility Group	Rate Cell Methodology
ACA Adults	Age/Gender
FHP	Newborns (0-90 days; 91 days-2 years old) Age (2-14 years old) Age/Gender (14+ years old)
Medically Complex Children	Single rate
Maternity Case Rate	Single rate
SPDs: SP1 (acute)	Place of Residence
SPDs: SP2 (long-term)	Place of Residence

State actuary has defined a CountyCare Composite Rate for each eligibility group. This is the PMPM amount that will be used in management reports. Final rates are pending until return of signed agreement from HFS.

Moving Forward

- Increased complexity = Increased focus
 - Quality
 - Financials
 - General compliance, fraud, waste & abuse
- Growing population = Additional staff
 - Behavioral health, pharmacy and quality
 - Operations
 - Network management

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 18, 2014

ATTACHMENT #3

May 2014 Cook County Health and Hospitals System

Report of the System Chief Financial Officer

Cook County Health and Hospitals System

- CCHHS had a loss through the first six months of the fiscal year of \$6,472,000.
- The System's hospital operations had a surplus of \$7,224,000 through the end of May.
- The Cook County Department of Public Health had a surplus of \$489,000 for the first six months of the fiscal year.
- Cermak through the month of May had a shortfall of revenue over expenses of (\$14,186,000).

CCHHS Income Statement – May YTD

Revenue		Acute Care	Dept of Public Health		Cermak		Total
Net Patient Service Revenue	\$	526,419,000			\$		526,419,000
Grant Revenue			\$	3,138,000		\$	3,138,000
EHR incentive program Rev.	\$	2,593,000			\$		2,593,000
Other Revenue	\$	3,257,000	\$	88,000	\$	1,000	\$ 3,346,000
Total Revenue	\$	532,269,000	\$	3,226,000	\$	1,000	\$ 535,496,000
Operating Expenses							
Salaries, Wages and Benefits	\$	288,643,000	\$	7,316,000	\$	26,115,000	\$ 322,074,000
Supplies	\$	89,091,000	\$	259,000	\$	296,000	\$ 89,646,000
Purchased Serv., Rent & Other	\$	190,418,000	\$	351,000	\$	535,000	\$ 191,304,000
Insurance Expense	\$	13,462,000	\$	272,000	\$	1,074,000	\$ 14,808,000
Depreciation	\$	16,659,000	\$	10,000	\$	120,000	\$ 16,789,000
Utilities	\$	4,645,000	\$	28,000	\$	3,000	\$ 4,676,000
Total Operating Expenses	\$	602,918,000	\$	8,236,000	\$	28,143,000	\$ 639,296,000
Gain or (Loss) from Operations	\$	(70,649,000)	\$	(5,010,000)	\$	(28,142,000)	\$ (103,800,000)
Nonoperating Revenue							
County Tax Support Revenue	\$	52,761,000	\$	4,372,000	\$	11,763,000	\$ 68,896,000
Interest Income	\$	12,000					\$ 12,000
Retirement Plan Contribution	\$	25,100,000	\$	1,127,000	\$	2,193,000	\$ 28,420,000
Total Nonoperating Revenue	\$	77,873,000	\$	5,499,000	\$	13,956,000	\$ 97,328,000
Net Income (Loss)	\$	7,224,000	\$	489,000	\$	(14,186,000)	\$ (6,472,000)

CountyCare – May YTD

- CountyCare is a capitated program where CCHHS is responsible for the cost of services provided at CCHHS facilities as well as at institutions that are members of the CountyCare network.
- The CountyCare demonstration project was extended through June 30, 2014.
- CCHHS became a County MCCN July 1, 2014 so CountyCare can continue to serve its enrollees
- CountyCare under the MCCN contract with the State will be able to extend its services to several new populations.

CountyCare Revenue

PMPM Revenue YTD May	\$	291,165,493	
Administrative Revenue	\$	25,192,751	
Reduction of Revenue For State Workers at Hoyne	\$	(2,731,525)	
Total Revenue			\$ 313,626,719

Plan Administration Expenses

Salaries, Wages, and Benefits for CCHHS staff	\$	510,711	
Hoyne facility expenses	\$	143,230	
Stop Loss Insurance	\$	2,529,190	
Pharmacy Benefits Manager Fee	\$	2,536,129	
Psych Health Administration Fee	\$	4,214,739	
AHS Provider Services	\$	4,711,274	
AHS Claims Processing Fees	\$	3,068,581	
MHN Administrative Fees	\$	2,427,086	
Consulting Fees	\$	397,437	
			\$ 20,538,377

Application Processing Expenses

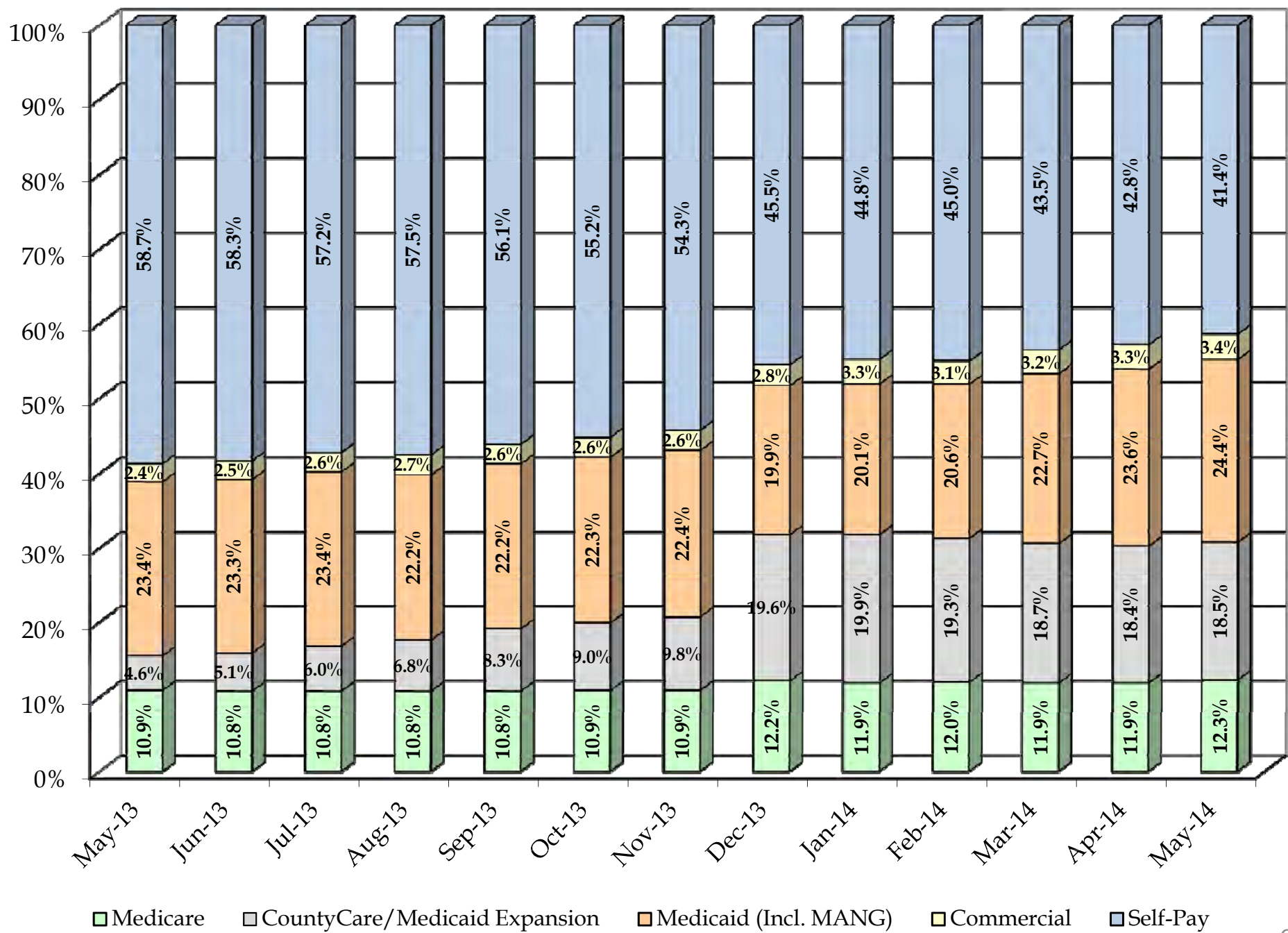
AHS Application Assistance Fees	\$	10,230,905	
AHS Field Staff	\$	930,618	
AHS Jail Staff	\$	255,024	
CEA Application Assistance Fees	\$	960,781	
			\$ 12,377,328

Claims Expenses

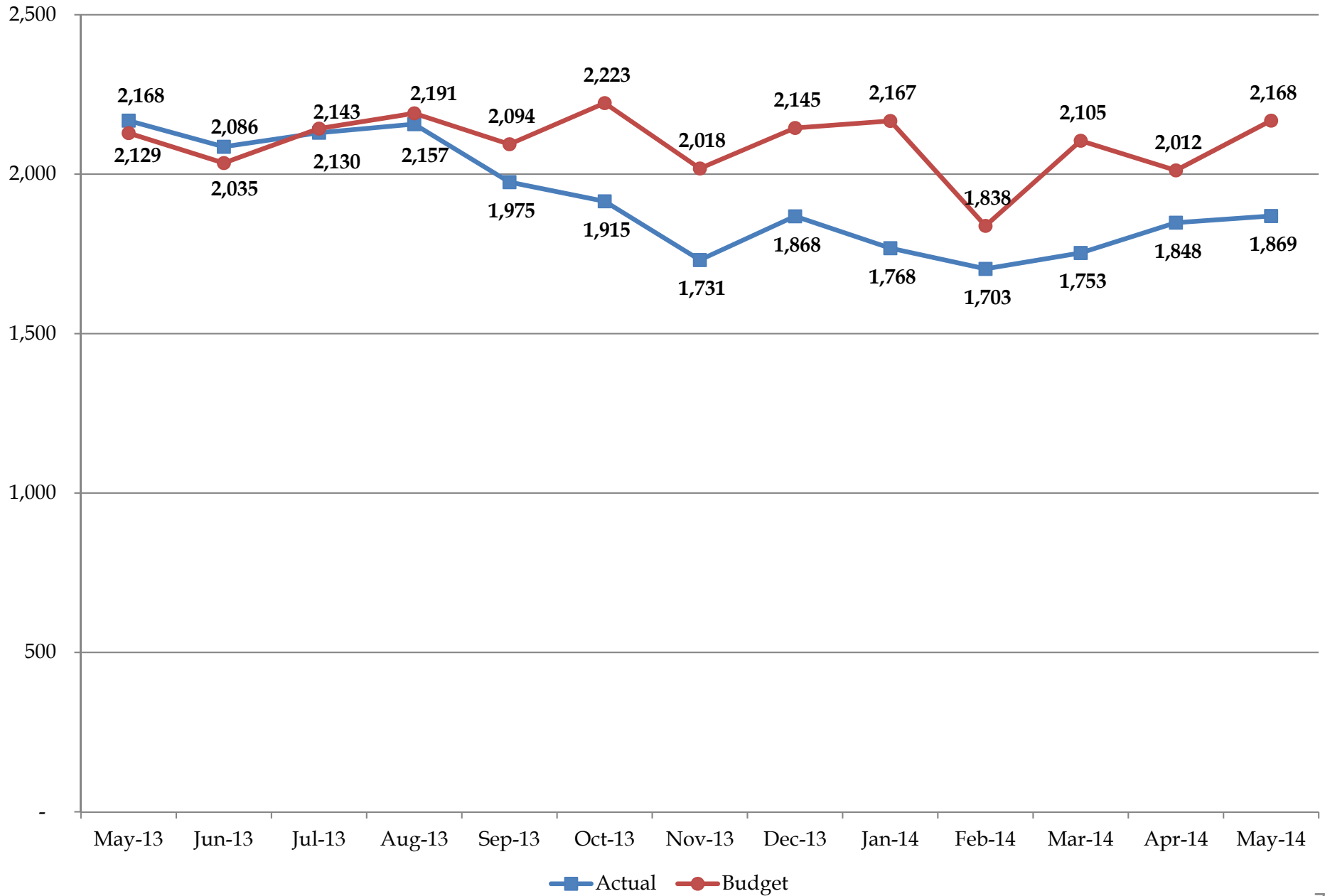
Domestic Claims at CCHHS Facilities	\$	126,528,956	
Foreign Claims Expense and IBNR	\$	100,373,337	
Domestic Pharmacy Claims Expenses	\$	10,630,101	
Foreign Pharmacy Claims Expenses	\$	58,459,160	
Pysch and Substance Abuse Claims Expense	\$	6,578,584	
			\$ 302,570,138

Total CountyCare Expenses			\$ 335,485,843
----------------------------------	--	--	-----------------------

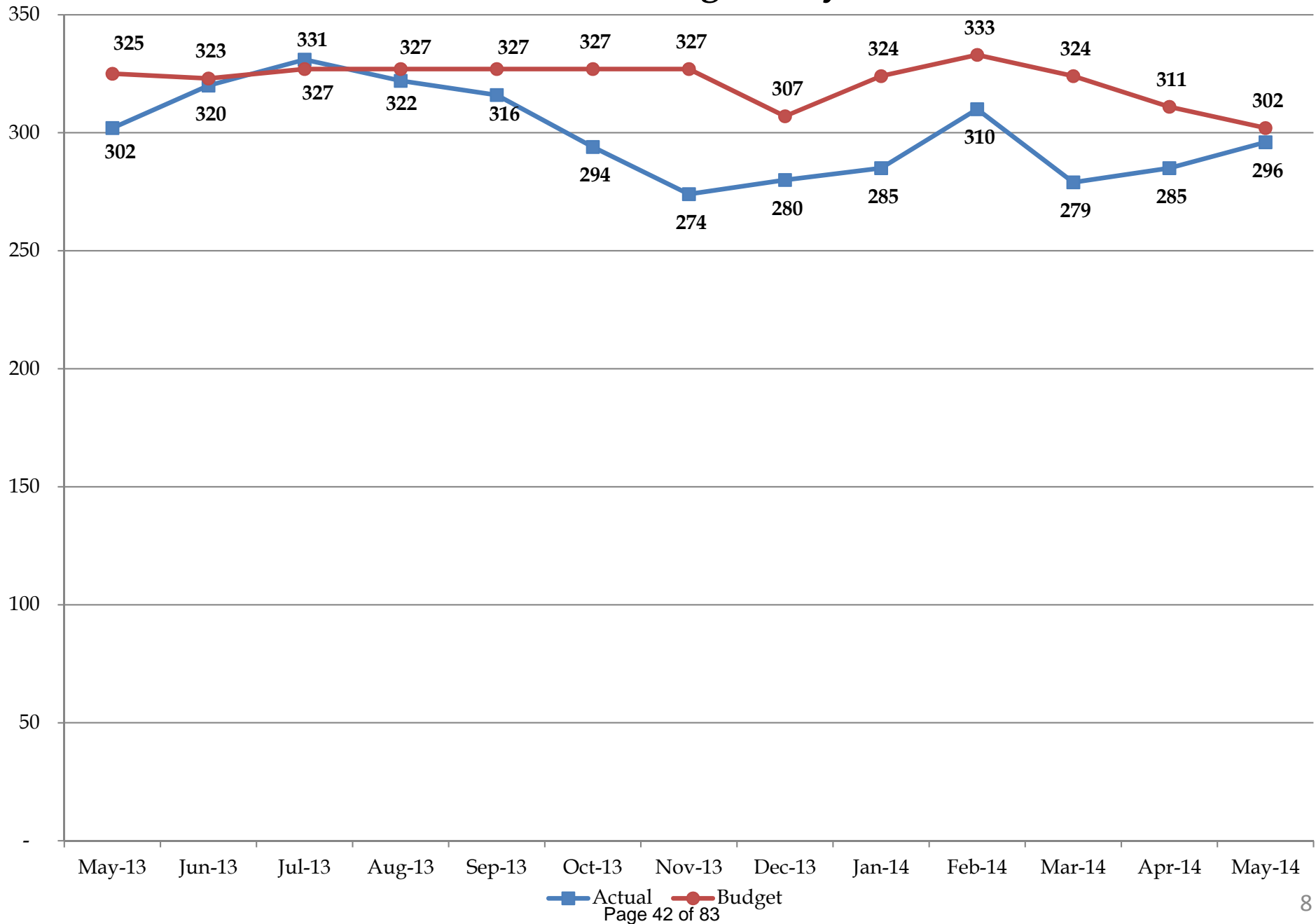
CountyCare Margin for the First Six Months of 2014			\$ (21,859,124)
---	--	--	------------------------



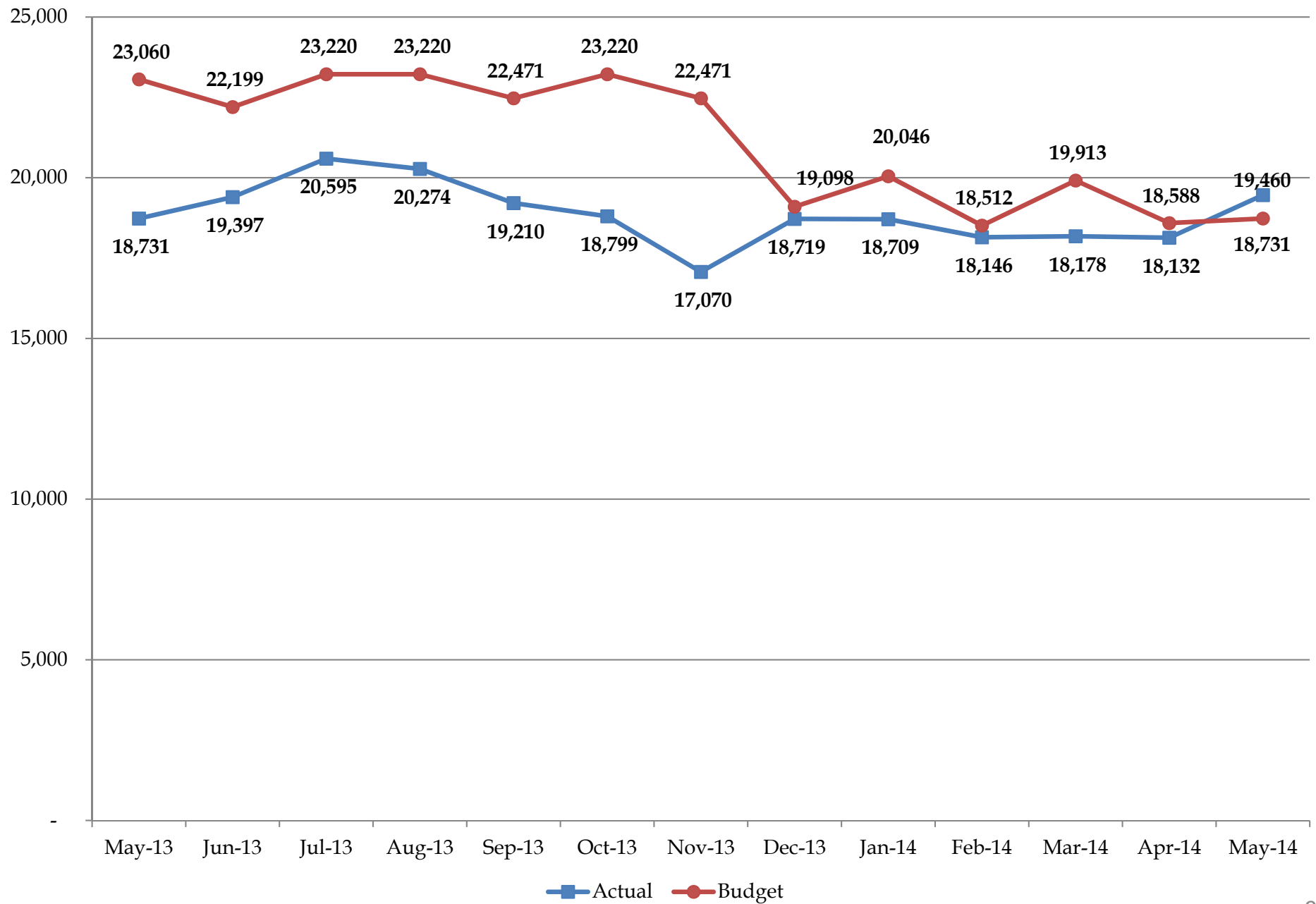
Prior 13 Month CCHHS Admissions - FY 2014



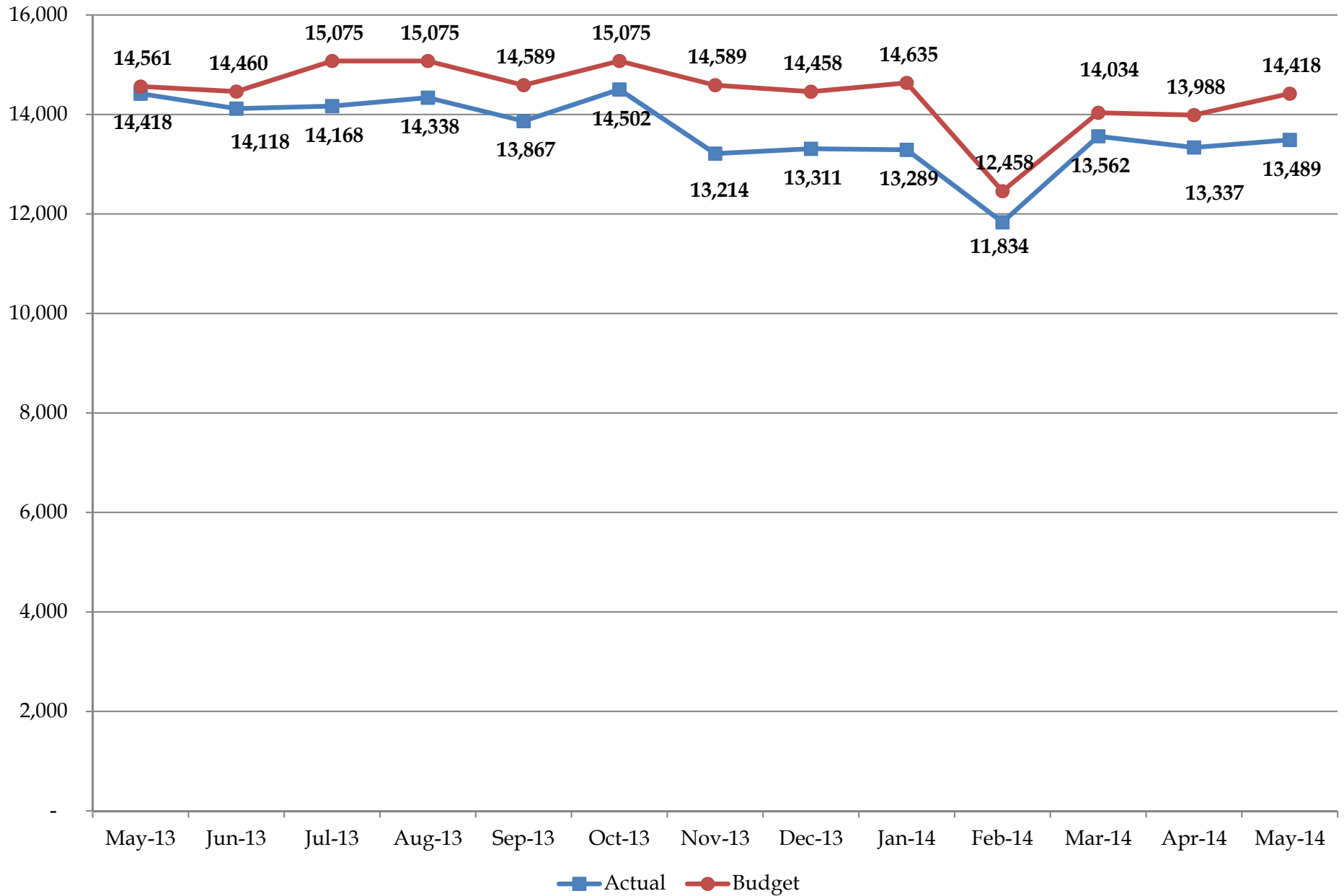
Prior 13 Month CCHHS Average Daily Census - FY 2014



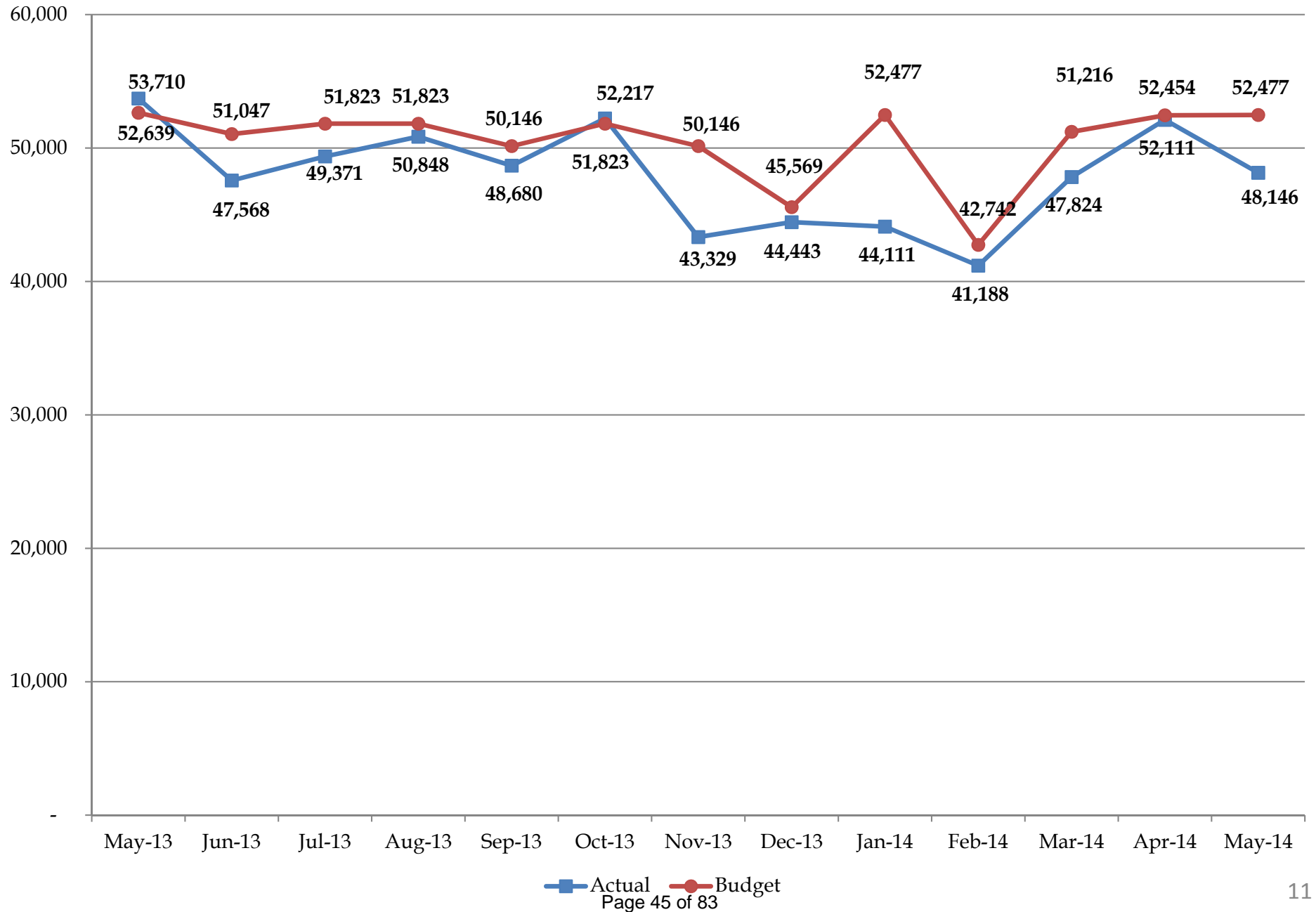
Prior 13 Month CCHHS Adjusted Patient Days - FY 2014



Prior 13 Month CCHHS ER & Immediate Care Visits - FY 2014



Prior 13 Month CCHHS ACHN Visits - FY 2014



Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 18, 2014

ATTACHMENT #4

Cook County Health and Hospitals System

Financial Statements

Year To Date May 31, 2014

As of June 27, 2014

Index	Page
1. Mission Statement	3
2. Attestation Statement	4
3. Management Discussion and Analysis	5 - 10
4. Combining Balance Sheet – Assets	11
5. Combining Balance Sheet – Liabilities and Net Assets.	12
6. Combining Income Statement	13
7. Comparative Income Statements:	
Cook County Health Facilities (Consolidated)	14
Stroger Hospital	15
ACHN (Clinics)	16
Medicaid Expansion	17
Oak Forest Health Center	18
Provident Hospital	19
Bureau of Health	20
Department of Public Health	21
Cermak	22
8. Disclosure Checklist	23

COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended May 31, 2014 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended May 31, 2014. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the Medicaid Expansion. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In November, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

Medicaid Expansion allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the six months with overall revenue of \$632,829 and overall expenses was \$639,296.

Net Patient revenue for the six months was \$526,418.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

Other revenue was \$3,346. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable

General

As compared to November 30, 2013, Total Patient Accounts Receivable at the end of May-2014 increased by 9 to 114 days. Additionally, there was a 3 day increase in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage, including the Medicaid Expansion Program and MANG applications;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts grew by \$33.313M (10.4%) as compared to the November-2013 balance. As compared to the previous month, this figure increased by \$19.232M (5.8%). The growth in this figure indicates a decreasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity

care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for Medicaid Expansion Program patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Inpatient Accounts Receivable

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of May-2014 increased by \$3.573M (42.2%), as compared the November 30, 2013 balance and increased by \$1.200M (11.1%), as compared to the previous month's balance. This indicates that fewer inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for Medicaid Expansion Program patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Billed Inpatient Accounts

Billed inpatient accounts at the end of May-2014 increased by \$28.273M (17.7%) as compared to the November 30, 2013 balance. This figure grew by \$2.257M (1.2%) compared to the previous month's total.

The increase in this number indicates fewer accounts had the collection process completed than in the previous month and that less accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based up on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for Medicaid Expansion Program patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Outpatient Accounts Receivable

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts increased by \$2.582M (23.8%) by the end of May-2014, as compared to the level of unbilled accounts as of November 30, 2013. This balance was \$5.954M (-30.7%) less than the previous month's balance. This change indicates that more outpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of May-2014 increased by \$5.040M (3.1%), as compared to the balance as of November 30, 2013. This figure is \$16.975M (11.4%) greater than last month's figure.

The growth in this figure indicates that fewer Out-Patient accounts had their collection and write-off related activities completed, as compared to the prior month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for May-2014	Value of Accounts for May-2014	Cumulative Number of Accounts Through May-2014	Cumulative Value of Accounts Through May-2014
In-Patient	489	\$ 6.681M	3,174	\$ 34.289M
Out-Patient	20,352	\$11.380M	120,993	\$ 59.816M
Totals	20,841	\$18.061M	124,167	\$ 94.105M

The above data does not include bad-debt write-offs; it includes only the amounts written-off directly to charity care.

Operating Expenses at the end of the six months was \$639.296M broken down as follows:

Salaries and Wages - \$254.704M
 Benefits - \$67.370M
 Supplies - \$89.646M
 Purchased Services, Rental, and Other - \$193.763M
 Insurance - 12.348M
 Depreciation - \$16.790M
 Utilities - \$4.676M

Nonoperating Revenue was \$97.284M. The largest portions of this are attributed to cigarette tax in the amount of \$48.230M and property tax in the amount of \$18.284M.

For the current fiscal year, Nonoperating revenues allocated to CCHHS are Cigarette Tax, Other Tobacco products and Firearms Tax. There is no Sales Tax allocated to CCHHS for the current fiscal year.

Taxes collected for the Health to date have been fully credited to the Health Fund.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal Year 2014

December-2013
BEPA

January-2014
BEPA

February-2014
BEPA

March-2014
BEPA

April-2014
BEPA

May-2014
BEPA

Inpatient

In-House	\$	10,796,900.99	\$	13,917,134.62	\$	14,385,690.34	\$	14,352,802.51	\$	14,618,185.46	\$	14,481,038.58
Discharged Not Final Billed	\$	8,255,685.28	\$	12,566,390.00	\$	14,371,169.91	\$	11,326,516.98	\$	10,836,232.95	\$	12,036,335.60
Billed	\$	159,968,730.29	\$	158,273,172.95	\$	166,876,862.34	\$	179,986,128.88	\$	185,410,673.33	\$	187,667,283.79
Total Inpatient Asccounts Receivable	\$	179,021,316.56	\$	184,756,697.57	\$	195,633,722.59	\$	205,665,448.37	\$	210,865,091.74	\$	214,184,657.97

Outpatient

Unbilled	\$	9,889,776.46	\$	12,239,462.73	\$	11,731,988.48	\$	13,059,760.77	\$	19,381,653.66	\$	13,427,576.60
Billed	\$	141,634,392.86	\$	140,498,326.88	\$	141,967,209.93	\$	142,130,816.69	\$	148,500,462.20	\$	165,475,797.72
Total Outpatient Accounts Receivable	\$	151,524,169.32	\$	152,737,789.61	\$	153,699,198.41	\$	155,190,577.46	\$	167,882,115.86	\$	178,903,374.32

Combined Inpatient and Outpatient A/R

Unbilled	\$	28,942,362.73	\$	38,722,987.35	\$	40,488,848.73	\$	38,739,080.26	\$	44,836,072.07	\$	39,944,950.78
Billed	\$	301,603,123.15	\$	298,771,499.83	\$	308,844,072.27	\$	322,116,945.57	\$	333,911,135.53	\$	353,143,081.51
Total IP and OP Accounts Receivable	\$	330,545,485.88	\$	337,494,487.18	\$	349,332,921.00	\$	360,856,025.83	\$	378,747,207.60	\$	393,088,032.29
Average Daily Revenue	\$	3,268,842.00	\$	3,170,975.00	\$	3,223,209.00	\$	3,307,874.00	\$	3,420,588.00	\$	3,435,726.00
Days of Revenue Outstanding		101		106		108		109		111		114

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
May 31, 2014

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	3,468	0		3,468	24	225		3,717				3,717
Cash held by Cook Co Treas	679,141		130,068	809,209	96,339	128,542		1,034,090	139,520		(1,173,610)	
Due from working cash fund	60,540	34,607		95,147				95,147			(1,825)	93,322
Total cash & cash equivalent	743,149	34,608	130,068	907,824	96,362	128,768		1,132,954	139,520		(1,175,435)	97,039
Property taxes receivable:												
Tax levy - current year	5,342	5,030		10,373	531	751	1,416	13,071	771	5,620		19,462
Tax levy - prior year	14,761	17,393		32,154	1,973	2,636	1,493	38,255	4,232			42,488
Total property taxes rec	20,103	22,424		42,527	2,504	3,387	2,908	51,326	5,004	5,620		61,950
Receivables:												
Patient AR-net of allowances	59,362		6,419	65,781		789		66,570				66,570
Third-party settlements	5,331			5,331		166		5,497				5,497
Thirdparty settl medicaid ex												
Other receivables	699	15		713	0	575	9	1,297		0		1,298
Due from State	1,769	1,949	77,620	81,338	524	853	169	82,885	717	1,468		85,069
Due from Restricted Funds									3,463			3,463
Total receivables	67,161	1,963	84,040	153,163	524	2,383	178	156,249	4,179	1,468		161,896
Inventories												
	3,418			3,418	256	846		4,520		370		4,891
TOTAL CURRENT ASSETS	833,830	58,994	214,108	1,106,932	99,647	135,385	3,086	1,345,050	148,703	7,459	(1,175,435)	325,777
CAPITAL ASSETS:												
Depreciable assets - net	342,607	5,296		347,902	26,317	22,909	12,680	409,808	28	527		410,364
TOTAL ASSETS	1,176,437	64,290	214,108	1,454,834	125,964	158,293	15,766	1,754,858	148,732	7,986	(1,175,435)	736,140

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
May 31, 2014

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET POSITION												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		68,121		68,121			994,221	1,062,342		113,094	(1,175,435)	
Accounts payable	15,559	421	6,600	22,580	674	2,131	18,805	44,189	392	219		44,800
Claims Payable			48,772	48,772				48,772				48,772
Accrued salaries, wages, & other liabilities	11,926	1,425	323	13,674	244	1,211	1,792	16,921	370	1,595		18,886
Compensated absences	4,187	488	64	4,740	56	469	584	5,848	160	404		6,412
Deferred revenue	73,949			73,949		2,612		76,562				76,562
Third-party settlements			33,500	33,500				33,500				33,500
Advance from State			51	51				51				51
Due to other co govt funds	21			21	10	5		36	7			43
Due to others	2,116			2,116	19			2,134				2,134
Interacct (payable)receivabl	166,014	528	1,342	167,883	7,222	46,790	(230,202)	(8,306)	2	8,305		
TOTAL CURRENT LIABILITIES	273,772	70,983	90,653	435,408	8,224	53,218	785,199	1,282,049	931	123,616	(1,175,435)	231,161
LONG-TERM LIABILITIES:												
Compensated absences longterm	23,727	2,767	365	26,859	316	2,658	3,308	33,141	906	2,287		36,334
Reserve-tax objection suits	3,979	4,690		8,669	741	709	401	10,520	1,144			11,665
TOTAL LIABILITIES	301,478	78,440	91,018	470,936	9,281	56,585	788,908	1,325,711	2,981	125,903	(1,175,435)	279,159
NET POSITION:												
Investment in capital assets	342,607	5,296		347,902	26,317	22,909	12,680	409,808	28	527		410,364
Unrestricted	532,352	(19,446)	123,090	635,996	90,366	78,799	(785,822)	19,339	145,722	(118,445)		46,617
TOTAL NET POSITION	874,959	(14,151)	123,090	983,898	116,683	101,708	(773,142)	429,147	145,751	(117,917)		456,981
TOTAL LIABILITIES & NET POSITION	1,176,437	64,290	214,108	1,454,834	125,964	158,293	15,766	1,754,858	148,732	7,986	(1,175,435)	736,140

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
May 31, 2014

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:											
Net patient service revenue	133,089	74,387	313,627	521,103	10	5,306		526,418			526,418
Grant revenue									3,138		3,138
EHR incentive program revenue	2,319			2,319		275		2,593			2,593
Other revenue	2,836	194		3,030	133	93		3,257	88	1	3,346
Total Revenue:	138,244	74,581	313,627	526,452	143	5,674		532,268	3,227	1	535,496
OPERATING EXPENSES:											
Salaries and wages	160,652	24,435	406	185,492	3,280	16,280	23,782	228,834	5,333	20,537	254,704
Employee benefits	42,137	6,267	105	48,509	851	4,261	6,188	59,809	1,983	5,578	67,370
Supplies	15,085	9,759	46,565	71,409	539	2,311	14,832	89,091	259	296	89,646
Purchased svs, rental & other	26,284	1,838	131,170	159,293	651	4,049	26,425	190,418	351	535	191,304
Insurance expense	7,779	1,004	2,574	11,357	158	764	1,182	13,462	272	1,074	14,807
Depreciation	11,049	395		11,444	1,168	919	3,128	16,659	10	120	16,790
Utilities	2,621	62	28	2,711	711	580	644	4,645	28	3	4,676
TOTAL OPERATING EXPENSES	265,607	43,761	180,848	490,216	7,358	29,164	76,180	602,918	8,236	28,142	639,296
GAIN (LOSS) FROM OPERATIONS	(127,363)	30,821	132,779	36,236	(7,215)	(23,491)	(76,180)	(70,649)	(5,009)	(28,141)	(103,800)
NONOPERATING REVENUE:											
Property taxes	4,948	4,564		9,512	457	681	1,376	12,026	637	5,620	18,284
Cigarette taxes	15,216	16,618		31,835	2,015	2,504	2,448	38,802	3,581	5,847	48,230
Other Tobacco Product taxes	674	728		1,402	87	110	114	1,713	154	296	2,162
Fire Arms taxes	220			220				220			220
Interest income	12	0		12	0	0		12	0	0	12
Retirement plan contribution	17,592	2,417	413	20,423	353	1,866	2,458	25,100	1,127	2,193	28,420
TOTAL NONOPERATING REVENUE	38,662	24,328	413	63,403	2,912	5,161	6,396	77,873	5,499	13,955	97,328
NET INCOME (LOSS)	(88,701)	55,148	133,193	99,640	(4,302)	(18,330)	(69,783)	7,224	490	(14,186)	(6,472)
Transfer (out) in	200			200			(200)	0			0
Capital contributions	567			567		3	255	824			824
Change In net position											
Net Position at beginning of year	962,893	(69,299)	(10,103)	883,492	120,985	120,035	(703,413)	421,099	145,261	(103,731)	462,628
Net Position at end of year	874,959	(14,151)	123,090	983,898	116,683	101,708	(773,142)	429,147	145,751	(117,917)	456,981

***The Gain (Loss) from Operations does not reflect ALL accrued expenses from Medicaid Expansion. Methodology is being developed to better capture all accrued expenses for Medicaid Expansion at the end of the monthly reporting period. This methodology change will be reflected in future monthly Financial reports.**

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Net patient service revenue	456,406	70,012	526,418
Grant revenue	859	2,279	3,138
EHR incentive program revenue	1,648	945	2,593
Other revenue	2,789	557	3,346
Total Revenue	461,703	73,794	535,496
OPERATING EXPENSES:			
Salaries and wages	197,104	57,600	254,704
Employee benefits	55,591	11,779	67,370
Supplies	70,781	18,865	89,646
Purchased svcs, rental & other	161,665	29,639	191,304
Insurance expense	10,290	4,517	14,807
Depreciation	13,991	2,798	16,790
Utilities	3,834	841	4,676
TOTAL OPERATING EXPENSES	513,256	126,039	639,296
GAIN (LOSS) FROM OPERATIONS	(51,554)	(52,246)	(103,800)
NONOPERATING REVENUE:			
Property taxes	15,235	3,049	18,284
Cigarette taxes	39,948	8,282	48,230
Other tobacco product taxes	1,769	394	2,162
Fire Arms taxes	176	44	220
Interest income	12		12
Retirement plan contribution	23,684	4,737	28,420
TOTAL NONOPERATING REVENUE	80,823	16,505	97,328
NET INCOME (LOSS)	29,269	(35,741)	(6,472)

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Net patient service revenue	114,391	18,698	133,089
EHR incentive program revenue	1,374	945	2,319
Other revenue	2,394	442	2,836
Total Revenue	118,159	20,085	138,244
OPERATING EXPENSES:			
Salaries and wages	123,724	36,928	160,652
Employee benefits	34,765	7,372	42,137
Supplies	14,990	95	15,085
Purchased svcs, rental & other	21,336	4,948	26,284
Insurance expense	6,483	1,297	7,779
Depreciation	9,207	1,841	11,049
Utilities	2,178	443	2,621
TOTAL OPERATING EXPENSES	212,683	52,924	265,607
GAIN (LOSS) FROM OPERATIONS	(94,524)	(32,839)	(127,363)
NONOPERATING REVENUE:			
Property taxes	4,124	824	4,948
Cigarette taxes	12,943	2,273	15,216
Other tobacco product taxes	566	108	674
Fire Arms taxes	176	44	220
Interest income	12		12
Retirement plan contribution	14,660	2,932	17,592
TOTAL NONOPERATING REVENUE	32,481	6,181	38,662
NET INCOME (LOSS)	(62,043)	(26,658)	(88,701)

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Net patient service revenue	60,826	13,562	74,387
Other revenue	128	66	194
Total Revenue	60,954	13,628	74,581
OPERATING EXPENSES:			
Salaries and wages	14,956	9,479	24,435
Employee benefits	4,606	1,661	6,267
Supplies	8,340	1,419	9,759
Purchased svcs, rental & other	1,375	464	1,838
Insurance expense	836	167	1,004
Depreciation	329	66	395
Utilities	60	3	62
TOTAL OPERATING EXPENSES	30,502	13,259	43,761
GAIN (LOSS) FROM OPERATIONS	30,452	369	30,821
NONOPERATING REVENUE:			
Property taxes	3,804	760	4,564
Cigarette taxes	14,478	2,141	16,618
Other tobacco product taxes	626	102	728
Interest income	0		0
Retirement plan contribution	2,014	403	2,417
TOTAL NONOPERATING REVENUE	20,922	3,405	24,328
NET INCOME (LOSS)	51,374	3,774	55,148

Medicaid Expansion
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	<u>April 30, 2014</u>	<u>Inc (Dec)</u>	<u>May 31, 2014</u>
REVENUE:			
Net patient service revenue	276,121	37,505	313,627
Total Revenue	<u>276,121</u>	<u>37,505</u>	<u>313,627</u>
OPERATING EXPENSES:			
Salaries and wages	4,085	(3,680)	406
Employee benefits	649	(544)	105
Supplies	32,879	13,686	46,565
Purchased svcs, rental & other	110,549	20,621	131,170
Insurance expense	96	2,478	2,574
Utilities	28		28
TOTAL OPERATING EXPENSES	<u>148,286</u>	<u>32,562</u>	<u>180,848</u>
GAIN (LOSS) FROM OPERATIONS	<u>127,836</u>	<u>4,943</u>	<u>132,779</u>
NONOPERATING REVENUE:			
Retirement plan contribution	345	69	413
TOTAL NONOPERATING REVENUE	<u>345</u>	<u>69</u>	<u>413</u>
NET INCOME (LOSS)	<u><u>128,180</u></u>	<u><u>5,012</u></u>	<u><u>133,193</u></u>

Note: The reduction in salaries and benefit expenses are the result of transfers of \$4,966,865 and \$689,623 expenses respectively to Ambulatory Health Clinic.

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Net patient service revenue	10	(1)	10
Other revenue	115	18	133
Total Revenue	125	18	143
OPERATING EXPENSES:			
Salaries and wages	2,559	721	3,280
Employee benefits	703	148	851
Supplies	537	2	539
Purchased svs, rental & other	548	103	651
Insurance expense	132	26	158
Depreciation	974	195	1,168
Utilities	537	174	711
TOTAL OPERATING EXPENSES	5,989	1,369	7,358
GAIN (LOSS) FROM OPERATIONS	(5,864)	(1,351)	(7,215)
NONOPERATING REVENUE:			
Property taxes	381	76	457
Cigarette taxes	1,789	226	2,015
Other tobacco product taxes	76	11	87
Interest income	0		0
Retirement plan contribution	295	59	353
TOTAL NONOPERATING REVENUE	2,541	372	2,912
NET INCOME (LOSS)	(3,323)	(979)	(4,302)

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Net patient service revenue	5,058	248	5,306
EHR incentive program revenue	275		275
Other revenue	86	7	93
Total Revenue	5,418	255	5,674
OPERATING EXPENSES:			
Salaries and wages	13,378	2,902	16,280
Employee benefits	3,522	739	4,261
Supplies	2,193	118	2,311
Purchased svcs, rental & other	3,762	287	4,049
Insurance expense	637	127	764
Depreciation	766	153	919
Utilities	494	86	580
TOTAL OPERATING EXPENSES	24,752	4,413	29,164
GAIN (LOSS) FROM OPERATIONS	(19,333)	(4,158)	(23,491)
NONOPERATING REVENUE:			
Property taxes	568	113	681
Cigarette taxes	2,185	320	2,504
Other tobacco product taxes	94	15	110
Interest income	0		0
Retirement plan contribution	1,555	311	1,866
TOTAL NONOPERATING REVENUE	4,402	759	5,161
NET INCOME (LOSS)	(14,931)	(3,398)	(18,330)

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	18,408	5,373	23,782
Employee benefits	5,105	1,083	6,188
Supplies	11,660	3,172	14,832
Purchased svcs, rental & other	23,337	3,088	26,425
Insurance expense	985	197	1,182
Depreciation	2,606	521	3,128
Utilities	515	129	644
TOTAL OPERATING EXPENSES	62,617	13,563	76,180
GAIN (LOSS) FROM OPERATIONS	(62,617)	(13,563)	(76,180)
NONOPERATING REVENUE:			
Property taxes	1,147	229	1,376
Cigarette taxes	1,845	602	2,448
Other tobacco product taxes	86	29	114
Retirement plan contribution	2,049	410	2,458
TOTAL NONOPERATING REVENUE	5,126	1,270	6,396
NET INCOME (LOSS)	(57,491)	(12,293)	(69,783)

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Grant revenue	859	2,279	3,138
Other revenue	65	24	88
Total Revenue	924	2,303	3,227
OPERATING EXPENSES:			
Salaries and wages	4,106	1,227	5,333
Employee benefits	1,641	343	1,983
Supplies	104	155	259
Purchased svcs, rental & other	305	46	351
Insurance expense	226	45	272
Depreciation	8	2	10
Utilities	22	6	28
TOTAL OPERATING EXPENSES	6,412	1,824	8,236
GAIN (LOSS) FROM OPERATIONS	(5,488)	479	(5,009)
NONOPERATING REVENUE:			
Property taxes	528	109	637
Cigarette taxes	3,253	328	3,581
Other tobacco product taxes	138	16	154
Interest income	0		0
Retirement plan contribution	939	188	1,127
TOTAL NONOPERATING REVENUE	4,858	641	5,499
NET INCOME (LOSS)	(630)	1,120	490

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date May 31, 2014

	April 30, 2014	Inc (Dec)	May 31, 2014
REVENUE:			
Other revenue	1	0	1
Total Revenue	1	0	1
OPERATING EXPENSES:			
Salaries and wages	15,887	4,650	20,537
Employee benefits	4,601	977	5,578
Supplies	78	218	296
Purchased svs, rental & other	452	82	535
Insurance expense	895	179	1,074
Depreciation	100	20	120
Utilities	2	1	3
TOTAL OPERATING EXPENSES	22,016	6,127	28,142
GAIN (LOSS) FROM OPERATIONS	(22,015)	(6,126)	(28,141)
NONOPERATING REVENUE:			
Property taxes	4,683	937	5,620
Cigarette taxes	3,455	2,391	5,847
Other Tobacco Product taxes	182	114	296
Interest income	0		0
Retirement plan contribution	1,827	365	2,193
TOTAL NONOPERATING REVENUE	10,148	3,807	13,955
NET INCOME (LOSS)	(11,867)	(2,319)	(14,186)

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	Yes, N/A, No?	If no, state reason (immaterial, estimated, etc.)
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
 Reviewed by _____

Date _____
 Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended May 31, 2014

Index	Page
1. Actual vs. Budget – Cash Receipts	3 - 5
2. Actual vs. Budget – Expenses per Adjusted Patient Days .	6
3. Payer Mix	7 - 9
4. Utilization Factors	10 -12
5. Case Mix	14

Final Cash Report									
For the Month May-2014					Cumulative Cash Summary Through May-2014				
	Actual	Budget	Variance			Actual	Budget	Variance	
SHCC				SHCC					
Medicare	\$ 4,820,983	\$ 5,031,497	\$ (210,514)	Medicare	\$ 33,985,808	\$ 29,539,757	\$ 4,446,051		
Medicaid	8,723,021	9,315,510	(592,489)	Medicaid	65,591,695	60,550,814	5,040,881		
Other	2,277,245	1,838,317	438,928	Other	12,577,635	10,792,700	1,784,935		
Physician Billing	678,772	948,933	(270,161)	Physician Billing	4,170,327	5,714,116	(1,543,789)		
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-		
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-		
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-		
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-		
Collection Agency	(1,555)	-	(1,555)	Collection Agency	(121,700)	-	(121,700)		
Revenue Enhancement	(412,939)	-	(412,939)	Revenue Enhancement	(2,524,263)	-	(2,524,263)		
Physician Billing Refunds	(8,474)	-	(8,474)	Physician Billing Refunds	(55,382)	-	(55,382)		
Meaningful Use	964,801	182,281	782,520	Meaningful Use	2,609,005	1,070,166	1,538,839		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion -	-	-	-	Medicaid Expansion -	-	-	-		
Capitation	69,829,655	49,342,140	20,487,515	Capitation	285,618,913	168,362,848	117,256,065		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion-	-	-	-	Medicaid Expansion-	-	-	-		
Administrative Fees	-	2,128,414	(2,128,414)	Administrative Fees	-	4,256,828	(4,256,828)		
Physician Contract	-	-	-	Physician Contract	-	-	-		
Payments & Revenues	11,210	47,562	(36,352)	Payments & Revenues	409,814	279,234	130,580		
Totals	\$ 86,882,719	\$ 68,834,654	\$ 18,048,065	Totals	\$ 402,261,851	\$ 280,566,463	\$ 121,695,388		
PHCC				PHCC					
Medicare	\$ 292,889	\$ 338,297	\$ (45,408)	Medicare	\$ 1,382,359	\$ 1,986,131	\$ (603,772)		
Medicaid	477,775	626,336	(148,561)	Medicaid	5,187,726	4,071,184	1,116,542		
Other	408,233	123,601	284,632	Other	1,388,342	725,658	662,684		
Physician Billing	49,476	43,177	6,299	Physician Billing	312,281	259,999	52,282		
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-		
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-		
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-		
Pharmacy Billing	(2,933)	-	(2,933)	Pharmacy Billing	(15,344)	-	(15,344)		
Collection Agency	(434)	-	(434)	Collection Agency	(2,447)	-	(2,447)		
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-		
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-		
Meaningful Use	613,896	26,040	587,856	Meaningful Use	613,896	152,880	461,016		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion -	-	-	-	Medicaid Expansion -	-	-	-		
Capitation	-	-	-	Capitation	-	-	-		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion-	-	-	-	Medicaid Expansion-	-	-	-		
Administrative Fees	-	-	-	Administrative Fees	-	-	-		
Physician Contract	-	-	-	Physician Contract	-	-	-		
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-		
Totals	\$ 1,838,902	\$ 1,157,451	\$ 681,451	Totals	\$ 8,866,812	\$ 7,195,852	\$ 1,670,960		
OFHC				OFHC					
Medicare	\$ -	\$ -	\$ -	Medicare	\$ 77,756	\$ -	\$ 77,756		
Medicaid	255,378	-	255,378	Medicaid	5,955,359	-	5,955,359		
Other	18,025	-	18,025	Other	129,624	-	129,624		
Physician Billing	36,973	12,050	24,923	Physician Billing	218,742	72,560	146,182		
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-		
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-		
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-		
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-		
Collection Agency	-	-	-	Collection Agency	-	-	-		
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-		
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-		
Meaningful Use	-	-	-	Meaningful Use	-	-	-		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion -	-	-	-	Medicaid Expansion -	-	-	-		
Capitation	-	-	-	Capitation	-	-	-		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion-	-	-	-	Medicaid Expansion-	-	-	-		
Administrative Fees	-	-	-	Administrative Fees	-	-	-		
Physician Contract	-	-	-	Physician Contract	-	-	-		
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-		
Totals	\$ 310,376	\$ 12,050	\$ 298,326	Totals	\$ 6,381,481	\$ 72,560	\$ 6,308,921		
SYSTEM				SYSTEM					
Medicare	\$ 5,113,872	\$ 5,369,794	\$ (255,922)	Medicare	\$ 35,445,923	\$ 31,525,888	\$ 3,920,035		
Medicaid	9,456,174	9,941,846	(485,672)	Medicaid	76,734,780	64,621,998	12,112,782		
Other	2,703,503	1,961,918	741,585	Other	14,095,601	11,518,358	2,577,243		
Physician Billing	765,221	1,004,160	(238,939)	Physician Billing	4,701,351	6,046,675	(1,345,324)		
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-		
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-		
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-		
Pharmacy Billing	(2,933)	-	(2,933)	Pharmacy Billing	(15,344)	-	(15,344)		
Collection Agency	(1,989)	-	(1,989)	Collection Agency	(124,147)	-	(124,147)		
Revenue Enhancement	(412,939)	-	(412,939)	Revenue Enhancement	(2,524,263)	-	(2,524,263)		
Physician Billing Refunds	(8,474)	-	(8,474)	Physician Billing Refunds	(55,382)	-	(55,382)		
Physician Contract	-	-	-	Physician Contract	-	-	-		
Payments & Revenues	11,210	47,562	(36,352)	Payments & Revenues	409,814	279,234	130,580		
Meaningful Use	1,578,697	208,321	1,370,376	Meaningful Use	3,222,901	1,223,046	1,999,855		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion -	-	-	-	Medicaid Expansion -	-	-	-		
Capitation	69,829,655	49,342,140	20,487,515	Capitation	285,618,913	168,362,848	117,256,065		
CountyCare /	-	-	-	CountyCare /	-	-	-		
Medicaid Expansion-	-	-	-	Medicaid Expansion-	-	-	-		
Administrative Fees	-	2,128,414	(2,128,414)	Administrative Fees	-	4,256,828	(4,256,828)		
DSH	13,528,186	12,125,000	1,403,186	DSH	81,169,116	72,750,000	8,419,116		
Retro-Active DSH	-	-	-	Retro-Active DSH	-	-	-		
BIPA	(30,000,000)	(30,000,000)	-	BIPA	(30,000,000)	(30,000,000)	-		
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-		
Totals	\$ 72,560,183	\$ 52,129,155	\$ 20,431,028	Totals	\$ 468,679,263	\$ 330,584,875	\$ 138,094,388		

The OFHC FFS budget has been combined with the SHCC FFS budget due to the configuration of CCHHS system that treats OFHC as a SHCC clinic.

The \$ -30,000,000 in the BIPA this month reflects the payback of the \$30,000,000 advance CCHHS received in FY 2013 for the Medicaid Expansion / 1115 Waiver program. The advance and repayment were included on the report as BIPA revenue, since the payment was made as a BIPA payment and not as a Medicaid Expansion / 1115 Waiver program payment.

Beginning March-2014, the capitation for the Medicaid Expansion program is paid at 100% instead of 50%.

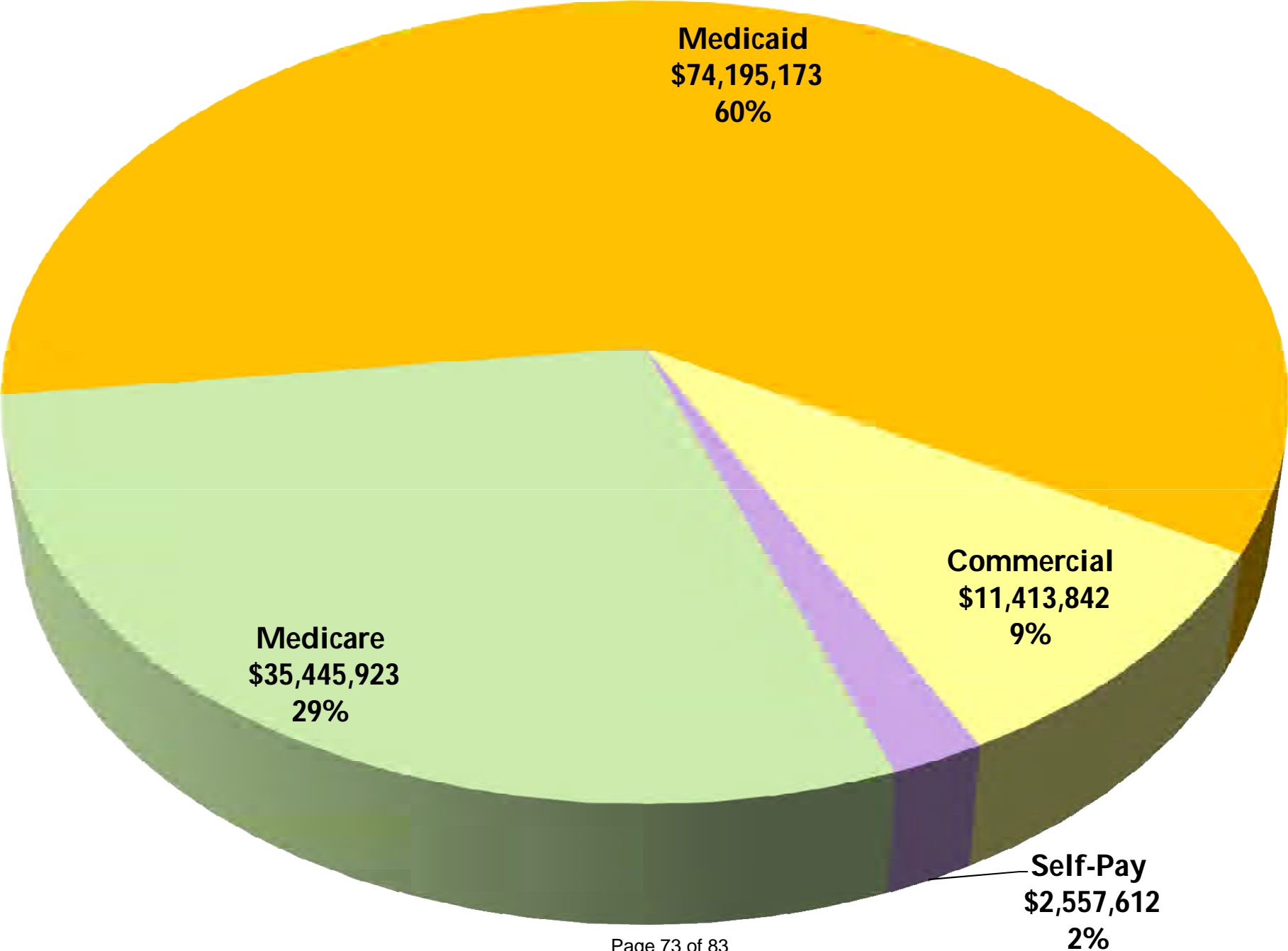
The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 04/23/2014 - 05/14/2014.

Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" totals are payments to the state for supplemental workers hired to help process CountyCare and MANG applications.

The Meaningful Use budget was spread over 12 months, as it was not known at the time the budget was created in which month this payment will be received. Meaningful Use includes both the Medicare and Medicaid portions. The Meaningful Use payment is detailed as follows:

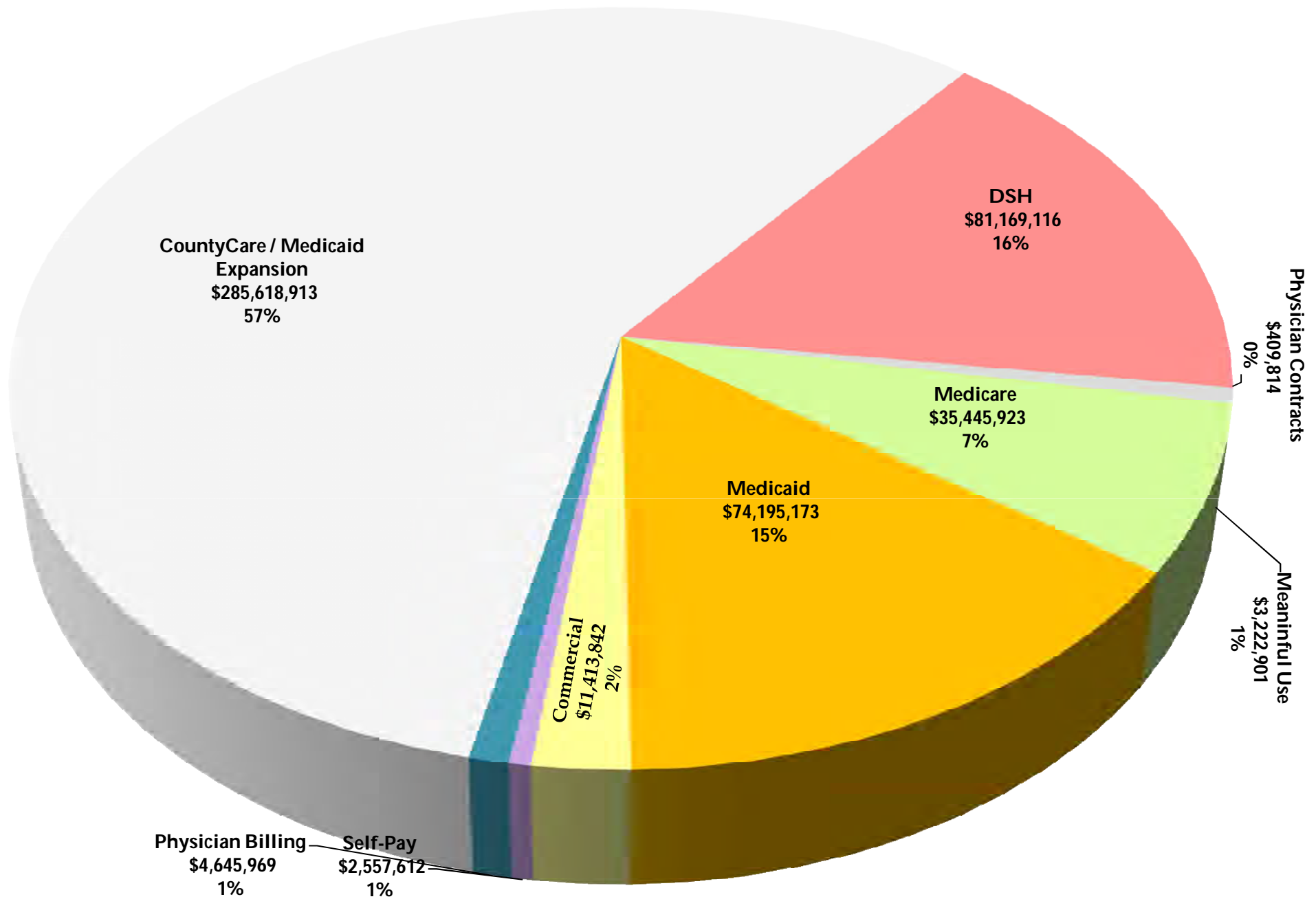
	May-14	FY 2014 Total
Meaningful Use - Medicare	\$ 1,288,280	\$ 1,288,280
Meaningful Use - Medicaid	\$ 290,417	\$ 1,934,521
Meaningful Use - Total	\$ 1,578,697	\$ 3,222,801

**CCHHS Cumulative Net Patient Fee Cash Receipts
Through May-2014**



- The receipts on this graph are net of any payments out of revenue.

CCHHS Cumulative Total Net Cash Receipts Through May-2014

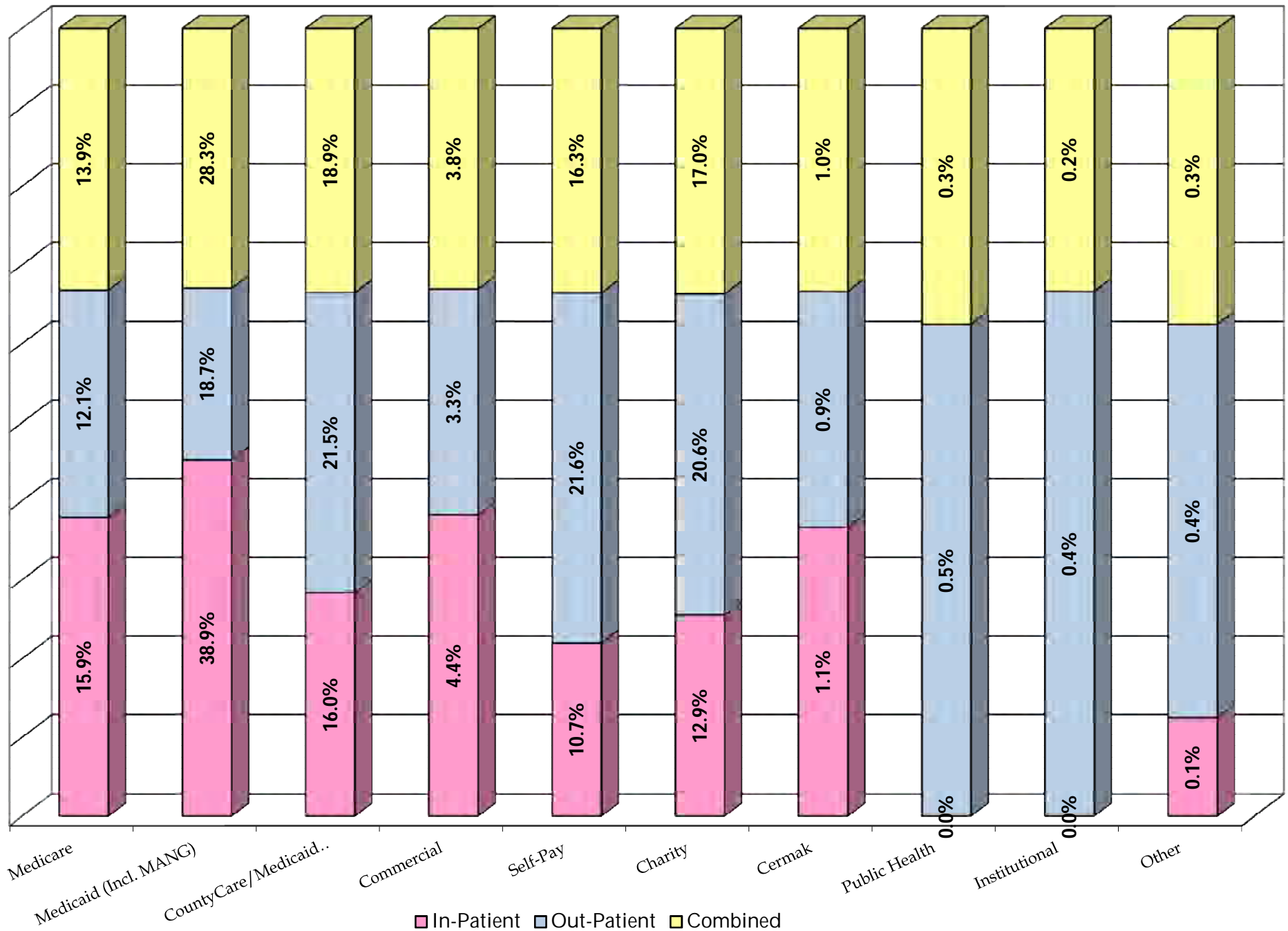


- The receipts on this graph are net of any payments out of revenue.
- The graph does not reflect the \$30,000,000 repayment of the FY 2013 advance to the CountyCare/Medicaid Expansion program.

**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of May 31, 2014**

<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 5,924	\$ 5,070	-16.84%
Provident	\$ 3,935	\$ 3,888	-1.22%

CCHHS IP, OP, And Combined Payer Mix For May-2014 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Vendor Successfully Converted To Medicaid

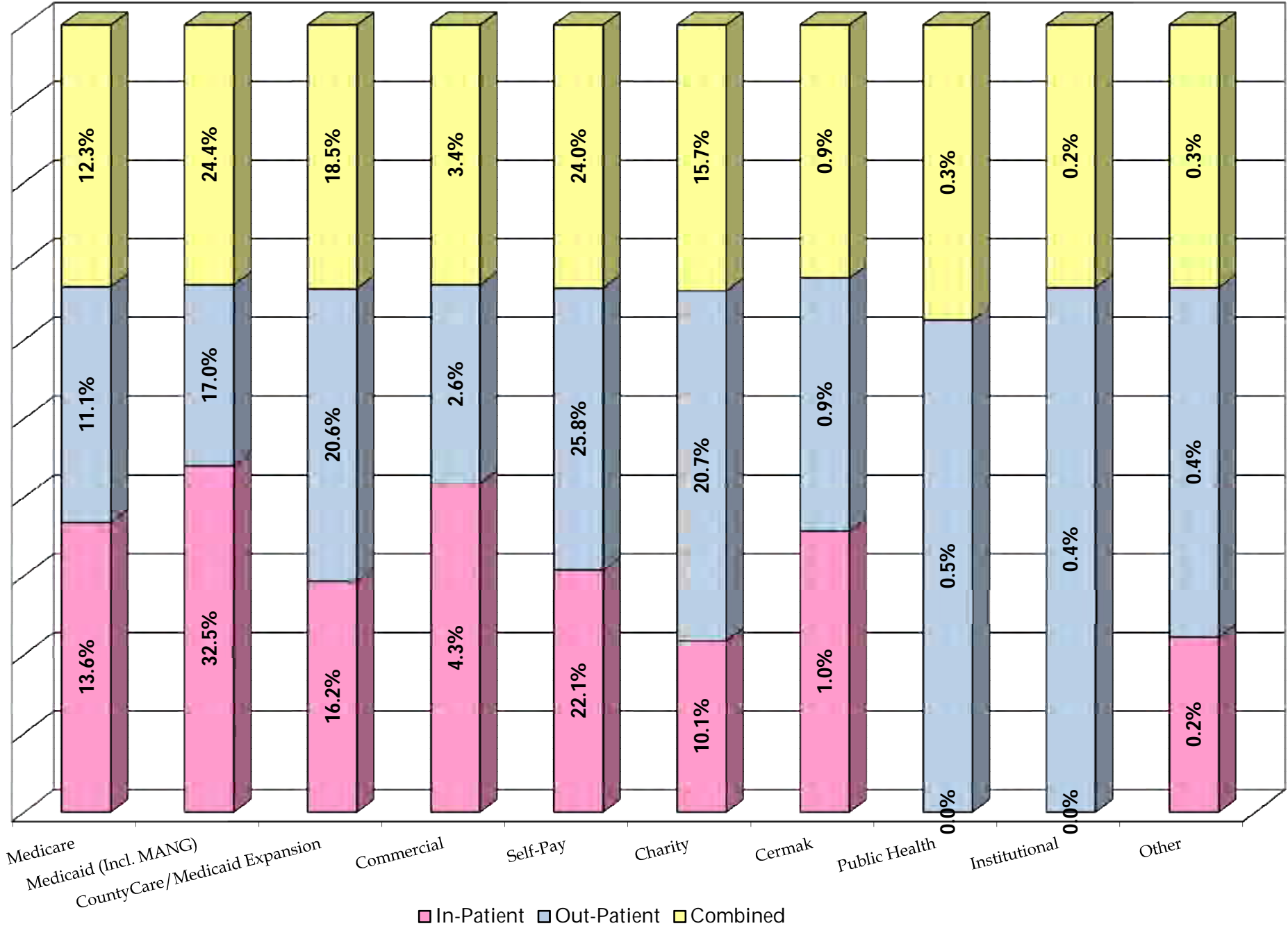


- The data in this graph is based upon charges.

Page 76 of 83

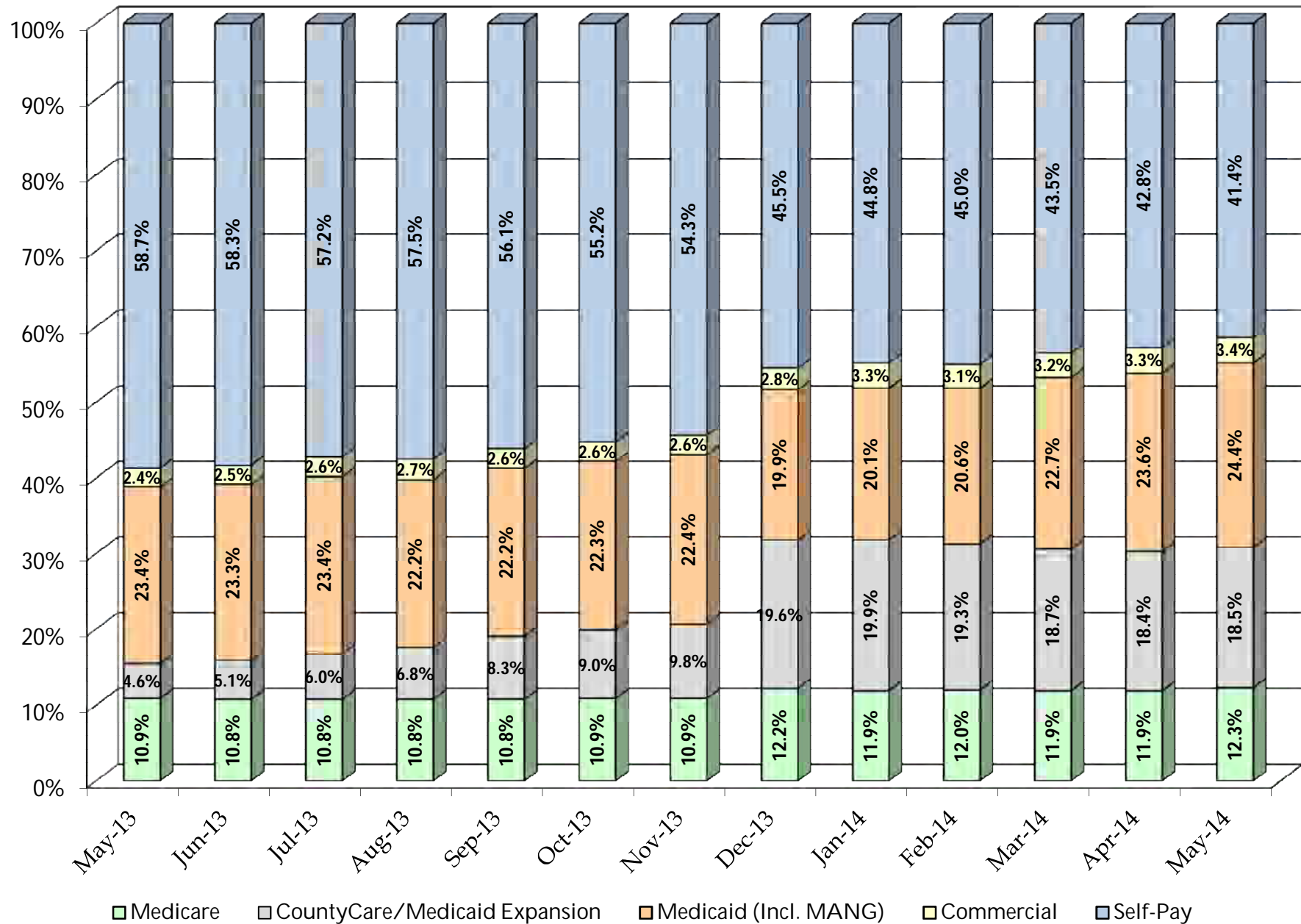
- Other includes Grants, Risk Management, and Workman's Compensation.

**Cumulative CCHHS IP, OP, And Combined Payer Mix Through May-2014 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid**



- The data in this graph is based upon charges.
- Other includes Grants, Risk Management, and Workman's Compensation.

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)
Cook County Health And Hospitals System
Prior 13 Months Ending May-2014
Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
May-2014

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	253	254	(1)	18	12	6	271	266	5
Medicaid	393	507	(114)	20	22	(2)	413	529	(116)
Medicaid-Pending	4	-	4	-	-	-	4	-	4
CountyCare/Medicaid Expansion	257	222	35	24	26	(2)	281	248	33
Commercial	58	74	(16)	6	4	2	64	78	(14)
Self-Pay	567	999	(432)	26	48	(22)	593	1,047	(454)
Charity	215	-	215	3	-	3	218	-	218
Cermak	22	-	22	-	-	-	22	-	22
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	1	-	1	1	-	1
Workmens' Compensation	2	-	2	-	-	-	2	-	2
Total Admissions	1,771	2,056	(285)	98	112	(14)	1,869	2,168	(299)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,302	1,145	157	94	54	40	1,396	1,199	197
Medicaid	2,208	2,359	(151)	89	89	-	2,297	2,448	(151)
Medicaid-Pending	23	-	23	-	-	-	23	-	23
CountyCare/Medicaid Expansion	1,014	783	231	108	89	19	1,122	872	250
Commercial	359	354	5	27	23	4	386	377	9
Self-Pay	2,829	4,272	(1,443)	92	185	(93)	2,921	4,457	(1,536)
Charity	874	-	874	7	-	7	881	-	881
Cermak	122	-	122	-	-	-	122	-	122
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	2	-	2	2	-	2
Workmens' Compensation	11	-	11	-	-	-	11	-	11
Total Patient Days	8,742	8,913	(171)	419	440	(21)	9,161	9,353	(192)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,637	2,236	401	394	191	203	3,031	2,427	604
Medicaid	4,472	4,433	39	373	255	118	4,845	4,688	157
Medicaid-Pending	47	-	47	-	-	-	47	-	47
CountyCare/Medicaid Expansion	2,053	1,513	540	453	314	139	2,506	1,827	679
Commercial	727	691	36	113	81	32	840	772	68
Self-Pay	5,729	8,360	(2,631)	386	657	(271)	6,115	9,017	(2,902)
Charity	1,770	-	1,770	29	-	29	1,799	-	1,799
Cermak	247	-	247	-	-	-	247	-	247
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	-	-	-	8	-	8	8	-	8
Workmens' Compensation	22	-	22	-	-	-	22	-	22
Total Adjusted Patient Days	17,704	17,233	471	1,756	1,498	258	19,460	18,731	729

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	5.4	4.7	0.7	5.2	4.0	1.2
Medicaid	11.2	4.7	6.5	4.8	4.0	0.8
Medicaid-Pending	3.1	4.7	(1.6)	7.0	4.0	3.0
CountyCare/Medicaid Expansion	4.1	4.7	(0.6)	4.3	4.0	0.3
Commercial	6.4	4.7	1.7	4.2	4.0	0.2
Self-Pay	4.4	4.7	(0.3)	3.4	4.0	(0.6)
Charity	4.2	4.7	(0.5)	2.8	4.0	(1.2)
Grants	-	-	-	-	-	-
Cermak	3.0	4.7	(1.7)	-	-	-
Institutional	-	-	-	-	-	-
Public Health	-	-	-	2.0	4.0	(2.0)
Workmens' Compensation	5.5	4.7	0.8	-	-	-
Overall Average LOS	4.7	4.7	-	4.2	4.0	0.2

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2013 Through May-2014

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,354	1,459	(105)	123	97	26	1,477	1,556	(79)
Medicaid	2,083	3,239	(1,156)	92	126	(34)	2,175	3,365	(1,190)
Medicaid-Pending	298	-	298	7	-	7	305	-	305
CountyCare/Medicaid Expansion	1,254	1,226	28	145	180	(35)	1,399	1,406	(7)
Commercial	258	254	4	24	17	7	282	271	11
Self-Pay	3,656	5,506	(1,850)	215	331	(116)	3,871	5,837	(1,966)
Charity	1,130	-	1,130	31	-	31	1,161	-	1,161
Cermak	129	-	129	1	-	1	130	-	130
Grants	1	-	1	-	-	-	1	-	1
Institutional	1	-	1	-	-	-	1	-	1
Public Health	-	-	-	1	-	1	1	-	1
Workmens' Compensation	6	-	6	-	-	-	6	-	6
Total Admissions	10,170	11,684	(1,514)	639	751	(112)	10,809	12,435	(1,626)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	6,784	6,414	370	525	420	105	7,309	6,834	475
Medicaid	10,907	16,340	(5,433)	381	518	(137)	11,288	16,858	(5,570)
Medicaid-Pending	2,024	-	2,024	33	-	33	2,057	-	2,057
CountyCare/Medicaid Expansion	5,432	5,069	363	548	749	(201)	5,980	5,818	162
Commercial	1,601	1,409	192	86	62	24	1,687	1,471	216
Self-Pay	17,951	25,298	(7,347)	865	1,296	(431)	18,816	26,594	(7,778)
Charity	4,631	-	4,631	87	-	87	4,718	-	4,718
Cermak	613	-	613	2	-	2	615	-	615
Grants	1	-	1	-	-	-	1	-	1
Institutional	4	-	4	-	-	-	4	-	4
Public Health	-	-	-	2	-	2	2	-	2
Workmens' Compensation	47	-	47	-	-	-	47	-	47
Total Patient Days	49,995	54,530	(4,535)	2,529	3,045	(516)	52,524	57,575	(5,051)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	13,725	12,373	1,352	2,121	1,369	752	15,846	13,742	2,104
Medicaid	22,062	31,334	(9,272)	1,548	1,646	(98)	23,610	32,980	(9,370)
Medicaid-Pending	4,096	-	4,096	132	-	132	4,228	-	4,228
CountyCare/Medicaid Expansion	10,984	9,762	1,222	2,206	2,422	(216)	13,190	12,184	1,006
Commercial	3,239	2,722	517	349	207	142	3,588	2,929	659
Self-Pay	36,320	48,820	(12,500)	3,480	4,233	(753)	39,800	53,053	(13,253)
Charity	9,370	-	9,370	351	-	351	9,721	-	9,721
Cermak	1,241	-	1,241	8	-	8	1,249	-	1,249
Grants	2	-	2	-	-	-	2	-	2
Institutional	8	-	8	-	-	-	8	-	8
Public Health	-	-	-	8	-	8	8	-	8
Workmens' Compensation	94	-	94	-	-	-	94	-	94
Total Adjusted Patient Days	101,141	105,011	(3,870)	10,203	9,877	326	111,344	114,888	(3,544)

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For May-2014

Stroger Hospital

Payer Type	ER Patients	Total Visits		Total Visits	
	Treated And Released	Admissions From ER	Before Elopes	ER Elopes	& Elopes
Medicare	567	209	776	36	812
Medicaid	1,676	223	1,899	98	1,997
Medicaid-Pending	4	3	7	2	9
CountyCare/Medicaid Expansion	1,484	173	1,657	67	1,724
Commercial	281	41	322	14	336
Self-Pay	3,610	411	4,021	238	4,259
Charity	875	159	1,034	35	1,069
Cermak	64	20	84	1	85
Grants & Research	3	-	3	1	4
Public Health	9	-	9	3	12
Institutional	9	-	9	-	9
Workmens' Compensation	5	2	7	-	7
Totals	8,587	1,241	9,828	495	10,323
		Budget	10,365		
		Variance	(537)		

Provident Hospital

Payer Type	Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	194	17	211	10	221
Medicaid	517	17	534	33	567
Medicaid-Pending	1	-	1	-	1
CountyCare/Medicaid Expansion	563	19	582	22	604
Commercial	82	5	87	3	90
Self-Pay	980	24	1,004	83	1,087
Charity	80	2	82	1	83
Cermak	3	-	3	-	3
Grants & Research	4	-	4	-	4
Public Health	2	1	3	-	3
Institutional	2	-	2	-	2
Workmens' Compensation	-	-	-	-	-
Totals	2,428	85	2,513	152	2,665
		Budget	2,746		
		Variance	(233)		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	59
Medicaid	125
Medicaid-Pending	-
CountyCare/Medicaid Expansion	312
Commercial	37
Self-Pay	508
Charity	107
Cermak	-
Grants & Research	-
Public Health	-
Institutional	-
Workmens' Compensation	-
Totals	1,148
	Budget 1,307
	Variance (159)

ER and Immediate Care Total

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	761	226	59	1,046	46	1,092
Medicaid	2,193	240	125	2,558	131	2,689
Medicaid-Pending	5	3	-	8	2	10
CountyCare/Medicaid Expansion	2,047	192	312	2,551	89	2,640
Commercial	363	46	37	446	17	463
Self-Pay	4,590	435	508	5,533	321	5,854
Charity	955	161	107	1,223	36	1,259
Cermak	67	20	-	87	1	88
Grants & Research	7	-	-	7	1	8
Public Health	11	1	-	12	3	15
Institutional	11	-	-	11	-	11
Workmens' Compensation	5	2	-	7	-	7
Totals	11,015	1,326	1,148	13,489	647	14,136
			ER and Immediate Care Budget	14,418		
			Variance	(929)		

Percent Of Admissions From Emergency Room For Month Of May-2014

	SHCC	PHCC	CCHHS
ER Admissions	1,241	85	1,326
Total Admissions	1,771	98	1,869
% of ER Admissions	70%	87%	71%

Emergency Room Elope Percentage For Month Of May-2014

	SHCC	PHCC	CCHHS
ER Elopes	495	152	647
Total Visits with Elopes	10,323	2,665	12,988
% of ER Elopes	5%	6%	5%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through May-2014**

Stroger Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	3,085	1,099	4,184	234	4,418
Medicaid	8,306	1,285	9,591	688	10,279
Medicaid-Pending	162	212	374	29	403
CountyCare/Medicaid Expansion	7,928	912	8,840	511	9,351
Commercial	1,328	178	1,506	56	1,562
Self-Pay	23,365	2,554	25,919	2,206	28,125
Charity	5,029	811	5,840	247	6,087
Cermak	373	113	486	8	494
Grants & Research	18	1	19	6	25
Public Health	55	-	55	18	73
Institutional	64	1	65	8	73
Workmens' Compensation	25	6	31	-	31
Totals	49,738	7,172	56,910	4,011	60,921
		Budget	60,805		
		Variance	(3,895)		

Provident Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	954	114	1,068	68	1,136
Medicaid	2,424	85	2,509	211	2,720
Medicaid-Pending	13	6	19	3	22
CountyCare/Medicaid Expansion	2,942	135	3,077	172	3,249
Commercial	437	24	461	22	483
Self-Pay	6,821	193	7,014	622	7,636
Charity	602	23	625	38	663
Cermak	10	-	10	-	10
Grants & Research	5	-	5	-	5
Public Health	20	1	21	3	24
Institutional	13	-	13	6	19
Workmens' Compensation	2	-	2	-	2
Totals	14,243	581	14,824	1,145	15,969
		Budget	15,436		
		Variance	(612)		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	344
Medicaid	603
Medicaid-Pending	3
CountyCare/Medicaid Expansion	1,596
Commercial	165
Self-Pay	3,682
Charity	690
Cermak	1
Grants & Research	-
Public Health	1
Institutional	1
Workmens' Compensation	2
Totals	7,088
	Budget 7,750
	Variance (662)

ER and Immediate Care Total

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	4,039	1,213	344	5,596	302	5,898
Medicaid	10,730	1,370	603	12,703	899	13,602
Medicaid-Pending	175	218	3	396	32	428
CountyCare/Medicaid Expansion	10,870	1,047	1,596	13,513	683	14,196
Commercial	1,765	202	165	2,132	78	2,210
Self-Pay	30,186	2,747	3,682	36,615	2,828	39,443
Charity	5,631	834	690	7,155	285	7,440
Cermak	383	113	1	497	8	505
Grants & Research	23	1	-	24	6	30
Public Health	75	1	1	77	21	98
Institutional	77	1	1	79	14	93
Workmens' Compensation	27	6	2	35	-	35
Totals	63,981	7,753	7,088	78,822	5,156	83,978
			ER and Immediate Care Budget	83,991		
			Variance	(5,169)		

Cumulative Percent Of Admissions From Emergency Room Through May-2014

	SHCC	PHCC	CCHHS
ER Admissions	7,172	581	7,753
Total Admissions	10,170	639	10,809
% of ER Admissions	71%	91%	72%

Cumulative Emergency Room Elope Percentage Through May-2014

	SHCC	PHCC	CCHHS
ER Elopes	4,011	1,145	5,156
Total Visits with Elopes	60,921	15,969	76,890
% of ER Elopes	7%	7%	7%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

**CCHHS Utilization Factors
ACHN Clinic Visits - May-2014**

ACHN Clinic Visits - May-2014

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	32,196	33,937	(1,741)
WEST CLUSTER	5,014	5,712	(698)
SOUTH CLUSTER	5,445	6,523	(1,078)
SOUTH SUBURBAN CLUSTER	5,491	6,305	(814)
Total ACHN Visits	48,146	52,477	(4,331)

Cumulative ACHN Clinic Visits Through May-2014

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	186,255	193,444	(7,189)
WEST CLUSTER	29,045	33,732	(4,687)
SOUTH CLUSTER	31,703	35,660	(3,957)
SOUTH SUBURBAN CLUSTER	30,820	34,099	(3,279)
Total ACHN Visits	277,823	296,935	(19,112)

Cook County Health and Hospitals System

Top Ten DRG's - May-2014

John H. Stroger, Jr. Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	54	140	2.6	0.7395	2.9
2	775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	38	108	2.8	0.5625	2.1
3	794 NEONATE W OTHER SIGNIFICANT PROBLEMS	34	131	3.9	1.2494	3.4
4	313 CHEST PAIN	34	60	1.8	0.5992	1.8
5	603 CELLULITIS W/O MCC	30	85	2.8	0.8402	3.6
6	292 HEART FAILURE & SHOCK W CC	27	92	3.4	0.9938	3.7
7	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	27	62	2.3	0.7120	2.8
8	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	26	63	2.4	0.9903	1.7
9	812 RED BLOOD CELL DISORDERS W/O MCC	23	47	2.0	0.7985	2.6
10	781 OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	22	58	2.6	0.7568	2.7

Provident Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	13	32	2.5	0.5992	1.8
2	292 HEART FAILURE & SHOCK W CC	10	50	5.0	0.9938	3.7
3	293 HEART FAILURE & SHOCK W/O CC/MCC	7	22	3.1	0.6723	2.6
4	603 CELLULITIS W/O MCC	6	22	3.7	0.8402	3.6
5	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	5	10	2.0	0.9903	1.7
6	191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	5	40	8.0	0.9343	3.5
7	300 PERIPHERAL VASCULAR DISORDERS W CC	3	34	11.3	0.9666	3.6
8	683 RENAL FAILURE W CC	3	3	1.0	0.9655	3.7
9	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	3	9	3.0	0.7120	2.8
10	178 RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	2	20	10.0	1.3955	5.1